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Doctors as Patients: An Interpretative Study of Two Literary Narratives

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Abstract

Medical practice could be described as a drama in which doctors and patients are two actors with different roles to play. While doctoring has traditionally been regarded as a rational and reliable activity, patienthood has been characterised by compliance with, and confidence in, the medical system. However, when doctors become ill this dichotomisation of medical practice is challenged. The aim of this article is to examine how that challenge has been described in literature. By interpreting one autobiographical work—*A Leg to Stand On* (1984) by Oliver Sacks—and one fictional—*A Country Doctor* (1919) by Franz Kafka—the phenomenon of the ailing physician is exemplified and explored through narrative analysis. In the fictional, as well as in the autobiographical, narrative the “doctor as patient” is primarily presented as a paradox and a deviation from normality. After recovery, however, doctors’ illness experiences are regarded as a valuable resource in their continued medical practice.



Dr Ridgeon: The most tragic thing in the world is a sick doctor.

Dr Walpole: Yes, by George: it's like a bald-headed man trying to sell a hair restorer.

The Doctor's Dilemma
– George Bernard Shaw (1906)

In contemporary studies based on questionnaires and interviews, doctors' management of their own illnesses is described as a greater challenge than treating patients in their daily practice (Kay, Mitchell, Clavarino & Doust, 2008). Extensive self-medication and hasty corridor consultations, resulting in imprecise diagnoses and blurred medical responsibility, are well-documented phenomena (Campbell & Delva, 2003; Fridner, Belkic, Marini, Gustafsson Sendén & Schenk-Gustafsson, 2012; Ingstad & Christie, 2001). The plight is complex, but one contributing factor seems to be an uncertainty as to how the role of the patient might be combined with the doctor's own professional identity (McKevitt & Morgan, 1997a).

The aim of this article is to explore the sociological understanding and personal experience of the ill physician through hermeneutic analysis of literary testimonies. Subsequently two narratives are interpreted: *A Leg to Stand On* (1984) by Oliver Sacks and *A Country Doctor* (1919) by Franz Kafka. These works have been chosen since they both describe, in a particularly illuminating manner, different and complementary aspects of the events and emotions unfolding when doctors themselves

become patients. Furthermore, these two narratives together span a spectrum from the autobiographical to the fictional. Drawing on the notion of Paul Ricoeur that “fiction, in particular narrative fiction, is an irreducible dimension of ‘self-understanding’” (Ricoeur, 1991, p. 31), it is presumed that both fictitious and biographical descriptions might guide us to a more profound understanding of illness experience among physicians. In that sense this article follows a methodological tradition from recent decades, advocated by scholars such as Rita Charon and Arthur Frank, to use literary stories and narrative analysis as tools to increase our common understanding of practical medical issues (Charon, 2006; Frank, 1995).

Oliver Sacks: From reluctance to the enrichment of patienthood

The British-American physician and neurology professor Oliver Sacks (1933–2015) mostly wrote case histories based on his clinical practice, including the acclaimed *The Man Who Mistook His Wife For a Hat* (1985). But in the illness narrative *A Leg to Stand On* (1984) Oliver Sacks also describes in detail his own personal and overwhelming experience of becoming a patient (Sacks, 1998).

In 1974, during a hiking trip to Norway, Oliver Sacks falls and severely injures tendons and nerves in the quadriceps of his left leg. After a short stay at a Norwegian dispensary he is transported to a British hospital for surgery followed by a period of rehabilitation. “Well, I have been a doctor for fifteen years. Now I will see what it

means to be patient” (p. 29), Sacks thinks to himself on arriving at the hospital. However, the stay turns out to be a more challenging experience than he had ever imagined. It takes time for Sacks to accept that he is now at the other end of the stethoscope, subject to the routines and regulations of the hospital. Tucked in a hospital bed he envisages the upcoming round as an explanatory act in an enigmatic drama. At the round he will finally have the opportunity to discuss with his doctor—between colleagues—the odd symptoms he experiences and the treatment options available. But when the hospital round has passed swift and efficient, without paying any particular attention to Sacks as a doctor (or even an individual), Sacks is left wretched and resigned. “I became all of a sudden desolate and deserted, and felt—for the first time, perhaps, since I had entered the hospital—the essential aloneness of the patient” (p. 65).

What Sacks describes on being admitted to the hospital is a ritual ceremony following an invisible script, intended to convert him into a patient. In a series of depersonalising events he is deprived of his professional and personal identity and expected to subordinate himself to the implicit rules of the medical drama. However, Dr. Sacks’ physical transformation to the patient role is considerably faster than his mental passage. The reason is partly his own resistance, but adding to the confusion are also the hospital staff, physicians and nurses, who do not know how to respond to this “doctorpatient.” Oliver Sacks writes about the first encounter with his surgeon, Dr. Swan:

Both of us, in a sense, were forced to play roles—he the role of the All-knowing Specialist, I the role of the Knowing Patient. And this was sharpened and made worse by my being, and being seen as, and partly acting as, his peer, so that neither of us really quite knew where we stood. (p. 81)

In her book *Reconstructing Illness: Studies in Pathography* (1999), Anne Hunsaker Hawkins shows that literary narratives of illness often dwell on a limited number of recurring themes; organisational metaphors that are shared by our cultural history and rooted in our human consciousness. One of these metaphors is the understanding of illness as a journey, and as an example of a literary narrative making use of the journey-myth, Hawkins specifically mentions Sacks' book *A Leg to Stand On*. Oliver Sacks describes his recovery as “a ‘pilgrimage’, a journey, in which one moved, if one moved, stage by stage, or by stations” (p. 132). For Sacks, it is mostly an inner journey through mental nooks and crannies to which he has never before had access. But it is also a physical journey into the hospital and further on to the convalescent home where he eventually learns how to walk again. Along this route, it turns out to be not primarily the medical actors and professional colleagues who guide him back to a complete identity. They do indeed provide the surgical procedure restoring the anatomy of his leg, but it is on the other side of the medical dichotomy that Sacks finds a

way to incorporate the experience of illness into his understanding of life.

Regarded as a mental journey, Sacks' story could be divided into a number of stages. Immediately after the accident he primarily relates to the incident as a medical event. His body is broken and it needs to be fixed. At this point, he takes little notice of the fact that his injury and the long period of convalescence ahead of him will also become a personal experience. Desperately, he clings to his accustomed medical perspective and only reluctantly conforms to the expected behaviour pattern of a patient. From the previously unknown perspective of the sickbed, he is slowly aware of a new kind of medical drama.

The posture, the passivity of the patient lasts as long as the doctor orders, and its end cannot be envisaged until the very moment of rising. And this moment cannot be anticipated, or even thought of, even hoped for. One cannot see, one cannot conceive, beyond the limits of one's bed. One's mentality becomes wholly that of the bed, or the grave. Until the actual moment of rising, it is as if one were never to arise: one is condemned (so one feels) to eternal prostration. (p. 107)

In the next stage of Sacks' mental journey he seems to accept the translocation from doctor to patient. But he also sets off on an active quest, for solace and strength beyond the truths of medicine. Guided by the Psalms in the Bible, the poetry of

John Donne, and the concertos of Mendelssohn, personal and healing perspectives of his illness experience appear. Perspectives he did not allow himself to see from his previous medical position. Music, poetry, and later the kinship of his fellow patients open up a mental passage between the biomedical and personal experiences and enable him to gradually regain a sense of control over body and soul (p. 85).

The music seemed passionately, wonderfully, quiveringly alive—and conveyed to me a sweet feeling of life. I felt, with the first bars of the music, a hope and an intimation that life would return to my leg—that ‘it’ would be stirred, and stir, with original movement, and recollect its forgotten motor melody. (p. 93)

Finally, when returning to his profession, Oliver Sacks once again assumes the position and external attributes of the doctor. But in his new medical identity Sacks has also incorporated the experiences from the sickbed. The doctor who returns to work is a different one. His illness has been overwhelming, but the role of the patient has not permanently deprived Sacks of the ability, nor of the desire, to serve as a doctor. On the contrary, he seems to be more motivated than ever before, spurred on by his newly acquired insights.

One must oneself *be* a patient ... one must enter both the solitude and the



community of patient-hood, to have any real idea of what being a patient *means*. (p. 142, emphasis in original)

From his new point of view Oliver Sacks is able to reach a deeper understanding of the subjective experience—illness—along with the biomedical approach—disease—which previously dominated his thinking. He has discovered, and to some extent bridged, the ontological gulf between the objectivity and subjectivity of modern medicine, and he is determined to carry this insight with him into his resumed and revitalised medical practice.

I would listen to my patients as never before—to their stammered half-articulate communications as they journeyed through a region I knew so well myself. (p. 168)

In many ways, the testimony of Oliver Sacks bears significant similarities to other autobiographical illness narratives by doctors from the 1980s. For example, the gastroenterologist's Robert Kravetz who, in the anthology *When Doctors Get Sick* (1987), describes his initial experience as a gastric ulcer patient.

Even now I am amazed at how tenaciously I clung to my role of physician when I had, in fact, become a patient, both acutely and critically ill. (Kravetz, 1987, p. 429)

And like Sacks, Robert Kravetz, on his return to medical practice, carries with him a less dualis-



tic and more holistic approach to his medical practice.

I am so much more aware of the ‘art of medicine’ and realize how the art has been almost lost to, and overshadowed by, the ‘science of medicine’ these days. (Kravetz 1987, p. 436)

Franz Kafka: The coalescence of roles in the medical drama

From Sacks’ autobiographical testimony, we move to Kafka’s fictional short-story *A Country Doctor* (1919). Franz Kafka (1883–1924) wrote this story in the winter of 1916–1917, and it belongs to the minor group of stories he decided to publish during his lifetime. The plot is dreamy and full of surrealistic features. Still, in its depiction of a doctor’s encounter with his patient, the setting is familiar, and it has been described as “an early (perhaps the first) modernist story about doctoring” (Manson, 2006, p. 297).

As the narrative opens, a senior physician is called for with great haste to a young man’s sickbed, ten miles away. It is a snowy winter night and already in his courtyard the doctor confronts his first dilemma. The horse had “succumbed the night before to its over-exertions in this icy winter” (Kafka, 1992, p.156). By chance, two magnificent horses appear out of the doctor’s pigsty, led by a previously unknown groom. The doctor departs, tormented by inner doubt realising, just as the horses take off, that the groom intends to violate his maid Rosa. Terrified, she has taken refuge in

the interior of the house, and as the howling of the wind fills his ears the doctor hears how “the door of my house burst and splintered under the groom’s assault” (p. 157).

At the residence of the patient, expectations are high. The family place their faith in the doctor. Friends drop by to see the medical authority at work. But the doctor’s visit is a failure. In his thoughts he is torn between his professional obligations towards the help-seeking patient and the moral responsibility towards his neglected maid. “How can I drag her out from under that groom, ten miles away from her, uncontrollable horses before my carriage?” (p. 158), the doctor ponders while twiddling with a pair of tweezers. Perhaps, partly due to his absent-mindedness, the doctor at first does not even manage to perform a proper examination. Then, when upon closer inspection, he discovers a large wound in the patient’s side, he fails to provide any alleviation.

And this is where the story takes an unexpected turn. Because the moment the doctor proves unable to cure, his character merges with that of the patient. In a Kafkaesque scene of dreamlike absurdity, the family undress the doctor and place him naked in the bed, next to the patient.

There I stand stripped of my clothes, regarding the people calmly with my head bowed and my fingers in my beard. I am perfectly composed and superior to them all, and so I remain, though it doesn’t help me, for now they

take me up by the head and the feet
and carry me over to the bed. They lay
me down against the wall, on the side
of the wound. Then all leave the room;
the door is closed; ... “You know”,
says a voice in my ear, “I have very lit-
tle faith in you. You’re just another one
who’s been wafted in from somewhere,
you didn’t get here on your own two
feet. Instead of helping you’re cramping
me on my death-bed.” (p. 160)

Like most of Kafka’s stories, *A Country Doctor* invites various interpretations. There are reasons to believe that the story uses the real-life dilemma Kafka struggled with between 1916–1917 as a point of departure: the choice between devoting his life to writing, or to marriage with his fiancée Felice Bauer. From this interpretation, the forsaken home and neglected maid symbolises the desirable life as a married man. The doctor’s medical work, on the other hand, represents what Kafka regarded as his true vocation, namely his writing (Ekbom, 2004). Throughout the short story, the physician struggles to choose between fulfilling his professional duty and retreating to his private responsibilities.

But from a medical perspective, it is far more reasonable to read *A Country Doctor* as a story about a general practitioner performing his tasks. What emerges from such a reading is a different story, the depiction of a doctor anguished by the discrepancy between the high levels of expectations of the lay people and his own sense of inadequacy. The family and the villagers expect the

doctor to perform miracles as a representative of modern medicine. “They have lost their old faith; the priest sits at home and picks his vestments to pieces, one by one; but the doctor is expected to accomplish everything with his sensitive surgical hand” (p. 159).

The features of doctor and patient in the first part of the story bear the hallmark of the classical medical drama: the doctor as a patriarch and upright authority, the patient as a fragile being lying in bed. The story thus follows the traditional plot, approaching its expected climax, as the doctor is to pronounce a diagnosis and provide an effective treatment. But when the physician fails to meet these expectations, he is bereft of his external attributes and placed next to the patient. Standardised dramaturgy breaks apart. Patient and doctor coalesce.

It is tempting to interpret these merging roles as a forced demotion of the doctor who has proven himself unable to cure his patient. In Kafka’s short story there is equality between the powerless doctor and the “doctor as patient.” In an article from 2006, Aaron Manson expresses this plight in the form of a question, but the answer seems, in fact, already given: “In the narrative the identities of patient and doctor merge. Is the doctor also a patient” (Manson, 2006, p. 302)?

In the new setting of the story, the doctor no longer understands his role. “What am I to do? Believe me, it isn’t easy for me either” (p. 160), he grumbles, tucked down in his patient’s deathbed. As he finally has to escape through an open win-

dow, his professional pride is demolished. “Never shall I reach home like this; my flourishing practice is done for” (p. 161), he laments while the horses start off with infinite slowness. The doctor has literally and symbolically been delegitimised and equated with the patient he has failed to cure. He has proven himself unworthy of the attributes of the doctor and been forced to accept the position of the patient in the medical drama. The doctor in the short story is, to quote Sander Gilman, “as much victim as is the patient ... wandering through the snow, unsure of his direction, of his calling, of his identity” (Gilman, 1995, p. 85).

From classical scenarios towards a new approach

In the traditional medical drama of the twentieth century, the norm has been to present the doctor as an elevated expert and the patient as a compliant layman. In other words, a paternalistic and dichotomous approach, regarded as both natural and appropriate, has regulated the relationship between doctors and patients (McKevitt & Morgan, 1997b). In its turn, this approach has engendered stereotypes and a behavioural repertoire where doctors and patients have taken shape as two immiscible actors. However, to quote sociologist Erving Goffman “a performance is a delicate, fragile thing that can be shattered by very minor mishaps” (Goffman, 1959, p. 56). As the doctor becomes a patient, both caretakers and caregivers are bereft of their charted course of action and “the minute social system created and sustained by

orderly social interaction becomes disorganised” (Goffman, 1959, p. 242).

In the world of fiction, the “doctor as patient” has most often been presented as a deviation from normality. This applies in the case of Bernard Shaw’s *The Doctor’s Dilemma* and Kafka’s *A Country Doctor*, where the doctor in the sick bed is associated with qualities such as inadequacy and failure. It also applies to the first chapters of *A Leg to Stand On*, where the author, Oliver Sacks, by clinging to his medical perspective, denies himself access to a more profound understanding of affliction and recovery. In his ambitious compilation *The Doctor in Literature* (2006), Solomon Posen shows how fictitious doctors who suffer from illnesses are, in fact, seldom presented as patients. On the contrary, they are expected to handle their own ailments as professionally and rationally as they handle those of their patients. The doctor in fiction thus continues, despite illness, to present “the attitudes and behaviour patterns appropriate to his former calling. His medical training remains with him until he dies. ‘Once a doctor, always a doctor’” (Posen, 2006, p. 238).

Seen in this light, the initial unwillingness by Sacks to accept the role of the patient is not surprising. Eventually however, he becomes emancipated from his professionally assigned and restricted position in the medical drama. He then approaches a position where the objective and subjective perspectives as a doctor and a patient are able to co-exist. As historian Andrew Hull has argued, this strive towards a holistic understanding

of the clinical encounter was one of Sacks' major aspirations; he wanted "to create an 'intersubjective' medicine, in which the 'human' and the 'scientific' were integrated as equal partners" (Hull, 2013, p. 105).

As a portrait of an initially very disconcerting experience, *A Leg to Stand On* also illustrates what is equally visible in contemporary studies, based on questionnaires and interviews, of help-seeking behaviour among ill physicians (Kay, Mitchell, Clavarino & Doust, 2008). However, while these studies seek to structure *fragments* of an experience, Sacks' testimony provides us with a *fully-fledged* story. In that sense, the literary story that mediates a more nuanced experience than statistical analysis, no matter how scientific, is able to capture with similar lucidity.

The sick physician's experience of patienthood is complicated. After recovery, however, valuable lessons for an enriched clinical practice seem to have been learned. The Swiss psychiatrist Carl Gustav Jung (1875–1961) is said to have coined the term "the wounded healer" (Daneault, 2008). For Jung, a doctor's experience of illness was not only a potential threat, but also a valuable resource in his/her continued care of patients. A similar argument was presented as early as antiquity. As Plato writes about the social construction of his Utopia, in the oeuvre *Republic*, the characteristics of a good doctor are also touched upon. And Plato's words are considerably more hopeful than those by George Bernard Shaw from the introducing quote of this article.

In order for doctors to attain perfect skill, they must not only have learnt their trade. In addition, from childhood onwards, they should have come into contact with as many bodies as they possibly could, in the worst condition they could find; moreover, they themselves should have contracted every single disease there is, and should be constitutionally rather unhealthy. I mean, it's not their bodies they use to treat other people's bodies, of course; if that were the case, it would be out of the question for their bodies to be bad or to get into a bad state. No, it's their minds they use to treat bodies. (Plato, 1993, p. 109)

Illness among doctors as an opportunity for *experience-based medicine* in the deepest personal meaning of the word.

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