

ORIGINAL ARTICLE

Escape or instruction? A description of a seminar for general practitioners on literature and medicine

C Elliott, D Misselbrook

See end of article for authors' affiliations

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Correspondence to:
Dr C Elliott, Gower Place
Practice, 3 Gower Place,
London WC1E 6BN;
Claire.Elliott@
gp-F83043.nhs.uk

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We describe the planning and running of a seminar on medicine and literature for general practitioners. This was based on the educational principles of adult learning. We used academic papers, an extract from a novel, a short story, and a cartoon and asked participants to present a piece of literature of their choice. Although the general practitioners (GPs) had not been selected for their specific interest in this area, there was great enthusiasm for this field. Most of the GPs thought literature could contribute to their professional lives and also could be useful for teaching

This paper describes the planning and running of a seminar on literature and medicine for GPs who were studying for an MSc in General Practice. The MSc was a day release course for GPs run over two years and this seminar took place within a module on how adults learn. There are many benefits to doctors (and subsequently for their patients) in studying the humanities.^{1,2} Courses in medicine and literature in Britain have been described by Calman *et al*³ and in the humanities for medical students at the Royal Free and University College Medical School.^{4,5} Could literature add to our personal and professional development? Is reading a form of escapism for doctors? Could doctors learn from characters in literature, when they were readers rather than active, responsible participants? Was this an area of interest for other GPs and would they like to explore it further? Could we run a seminar to explore these themes?

Narrative based medicine is now an established field.⁶ Greenhalgh and Hurwitz⁷ list the benefits of studying narrative for the diagnostic encounter, the therapeutic process, the education of patients and professionals and for those involved in research. Listening to a story within a consultation has many similarities to reading literature. Taking a medical history involves remodelling the patient's own life experience into the different conceptual framework of "medical reality". In our pursuit of the medical model we may forget the richness and the reality of the original source material, the patient's life.

We decided to run the seminar using a model of adult learning involving self directedness, experience and reflection.^{8,9} We wanted our approach to include validity of content, active participation, reflection, and a variety of methods and evaluation. The seminar was voluntary but all of the students (nine) attended as well as both the tutors responsible for the section. All participants were GPs.

Our objectives were:

- to assess the potential of literature as a source of learning;
- to explore how literature can give us insight into our own and our patients' lives;
- to explore the ways in which literature can help our personal development.

PRESESSION READING

We selected two academic texts to illustrate some of the benefits to doctors of studying medicine and literature.^{1–10} We also chose an extract from a novel, a short story, and a cartoon.

- *Trainspotting*¹¹ This extract involved a psychiatrist, a psychologist, and a social worker meeting the protagonist, who used illegal drugs. The passage demonstrated the contrasting agendas of the client and health professionals. It gives insight into the drug culture from the perspective of the addict;
- *For Esme—with Love and Squalor*¹² A short story in which a young girl meets an American soldier, and describes her relationship with her younger brother—partly embarrassed, partly protective. It was difficult to empathise with any of the characters; but is this a necessary characteristic for appreciating a piece of literature?
- *Minor Op*¹³ A Posy Simmons cartoon of an operation from the patient's perspective, showing the ways she is treated (infantilised by the nurses, a "star" for the surgeons, a sick patient by her family) using Shakespearean references as the framework of the performance. We hoped that the use of humour would show that reading need not be worthy, dull or inaccessible (familiar traits in medical textbooks).

PRESESSION TASK

Everyone was asked to bring a book to present. We hoped this would encourage reflection on their reading, and participation by all, making them aware of their own potential to contribute. It was also the start of building up a selection of our own "recommended reading", although it is important to state that there are already several lists of "books for doctors and GPs"^{14,15} and we wished to avoid the idea of "prescribed reading" in any strict sense.

FORMAT

We used four teaching formats: group discussion on the joint readings, and on the role of literature within our lives; small group work to describe the book each person had brought; plenary meetings to hear a very brief description of chosen readings, thus identifying the range of works used, and reflection and feedback within a group context. This also involved

written feedback on each section, and a non-directive question to allow free comments.¹⁶

PARTICIPANT FEEDBACK AND EVALUATION

Everyone had done the preparatory reading and brought a book. The reading was considered important and relevant but the lack of medical education in this field was mentioned. The mixture of pre-session reading was appreciated in that it gave an academic framework and provided students with shared readings to discuss. There was some insecurity about the prospect of sharing our "personal choices" of reading. However, it encouraged participants to reflect and to realise how much insight could be gained by reading and it led to a desire to read more. Most people found it interesting to hear about the others' selections, and were keen to read some of them. Several people commented on how this process demonstrated our different interests and personalities. This illustrated the diversity of learning that is possible from literature and that many of us can contribute to this diversity. Everyone said how much pleasure they had gained from talking about their own book and hearing about the others'. The cartoon was particularly enjoyed. *Trainspotting* provoked most discussion and was considered to be very relevant.

DISCUSSION

This seminar originated in the authors' personal interest in medicine and literature. It was developed into an educational session for a group of GPs who had not been selected for their interest specifically in this area. However, these GPs were studying for an MSc in General Practice, which may indicate an open-mindedness towards a variety of methods for learning. Some felt that it would help for their own teaching in the future. None of us was an "expert" in the field of literature, but each had the experience of working with patients and hearing their stories.

Preparation for this seminar and running it has contributed to our own personal and professional lives as GPs. At the outset, we wondered whether reading was a form of escapism for doctors, and this question remains unanswered. Undoubtedly, both educational and enjoyable qualities have been demonstrated in the cycle of development and organisation. Perhaps one of the reasons the seminar was successful for GPs was that it permitted a spectator's insight into a problem without requiring the responsibility of decision making. Experience could be gained without putting one's neck on the line.

General practice, which frequently involves long term relationships between doctors and patients, enables many of the important stories in a patient's life to be told over time.¹⁷

Jones¹⁸ describes a bridge that connects the patient's story and the medical framework that the doctor holds. She explains how the doctor travels backwards and forwards over this bridge, trying to make sense of the narrator's tale and to re-define it as a case history.

We have demonstrated that it is possible for a seminar to be set up and run as an educative framework. There is an excellent academic literature base for this field and a wide range of material for inspiration. Such a combination is a valuable start to the study of medicine and literature for GPs.

Authors' affiliations

C Elliott, Gower Place Practice, 3 Gower Place, London WC1E 6BN, UK
D Misselbrook, The Bellingham Green Surgery, 24 Bellingham Green, Catford, London SE6 3JB, UK

REFERENCES

- 1 **Charon R**, Trautmann Banks J, Connelly JE, *et al*. Literature and medicine: contributions to clinical practice. *Annals of Internal Medicine* 1995;**122**:599-606
- 2 **Jones AH**. Literature and medicine: an evolving canon. *Lancet* 1996;**348**:1360-2.
- 3 **Calman KC**, Downie RS, Duthie M, *et al*. Literature and medicine: a short course for medical students. *Medical Education* 1988;**22**:265-9.
- 4 **Kirklin D**, Meakin R, Singh S, *et al*. Living with and dying from cancer: a humanities special study module. *Medical Humanities* 2000;**26**:51-4.
- 5 **Glasser B**. *Indian camp*—a story by Ernest Hemingway. *Education for General Practice* 1999;**10**:209-14.
- 6 **Hunter KM**. *Doctors' stories*. Princeton: Princeton University Press, 1991.
- 7 **Greenhalgh T**, Hurwitz B. Why study narrative? *Narrative based medicine*. London: BMJ books, 1998: 3-16.
- 8 **Knowles M**. Andragogy: an emerging technology for adult learning. In: Tight M, ed. *Adult learning and education*. London: Croom Helm, 1983: 53-70.
- 9 **Boud D**, Keogh R, Walker K. What is reflection in learning? In: *Reflection: turning experience into learning*. London: Kogan Page, 1986: 7-17.
- 10 **Hunter KM**, Charon R, Coulehon JL. The study of literature in medical education. *Academic Medicine* 1995;**70**:787-94.
- 11 **Welsh I**. *Trainspotting*. London: Vintage, 1994: 181-8.
- 12 **Salinger JD**. *For Esme—with love and squalor*. London: Four Square, 1962: 85-110.
- 13 **Simmons P**. Minor op. In: Downie RS, ed. *The healing arts. An Oxford illustrated anthology*. Oxford: OUP, 1994: 172.
- 14 **McLellan MF**. Literature and medicine: some major works. *Lancet* 1996;**348**:1014-16.
- 15 **Gill P**, Spear F. A different reading list for MRCPsych? [letter] *Bulletin of the Royal College of Psychiatrists* 1986;**10**:284.
- 16 **Walker M**. Analysing qualitative data: ethnography and the evaluation of medical education *Medical Education* 1989;**23**:498-503.
- 17 **Heath I**. Following the story: continuity of care in general practice. See reference 7: 83-92.
- 18 **Jones AH**. Literature and medicine: narrative ethics. *Lancet* 1997;**349**:1243-6.



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