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

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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.

PRESESSION READING

We selected two academic texts to illustrate some of the benefits to doctors of studying medicine and literature.\(^1\)\(^-\)\(^6\) We also chose an extract from a novel, a short story, and a cartoon.

- *Trainspotting*: 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*: 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*: 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.10

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 presession 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 an open-mindedness towards a variety of methods for studying for an MSc in General Practice, which may indicate 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.

Jones10 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 redefine 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.

References