

**Literature and the Arts in Medical Education**

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**Johanna Shapiro, PhD**  
Feature Editor

*Editor's Note:* In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. E-mail: jfshapir@uci.edu.

## **The Good Doctor: The Literature and Medicine of Anton Chekhov (and Others)**

**Lawrence J. Schneiderman, MD**

In the spring of 1985, I posted a notice on the medical students' bulletin board announcing a new elective course, "The Good Doctor: The Literature and Medicine of Anton Chekhov." It was a presumptuous announcement, since I had never taught a literature course and had never even participated in a book discussion group. Naturally, I looked for experienced colleagues to help me out.

My first contact was not encouraging. A professor with expertise in Chekhov bluntly refused to have

anything to do with me. "I don't want a doctor who knows Chekhov, I want a doctor who knows how to take out my appendix." Fortunately, I was able to locate two more agreeable colleagues from literature and theatre.

In place of my own lack of skills and experience, I hoped to draw on fond memories of my English major days, which go back (Bear with me; this is painful.) almost half a century. I wanted to recreate the contemplative, discursive seminar spirit that rises out of great writers' thoughts, capacious leather chairs, aromatic wood-paneled walls, evening light filtering through the mullioned windows of a Gothic tower—and a break for sherry at halftime—as a kind of lush, humanistic oasis within the moonscape of medical education. Alas, lush was

not possible in this public university; our conference rooms are best described as Bus Terminal Lite.

The 10 second-year students who signed up that first year spent 2 hours each week with me for 10 weeks. Under the themes of health and illness, doctor and patient, society and the human spirit, men and women, love and fate, aging, and death and grieving, we discussed short stories like "Ward Six," "The Black Monk," "The Peasants," "Ionych," "The Gully," "A Case History," "The Darling," "Ariadne," "The Kiss," "Lady With Lap Dog," "Agafya," "The Bishop," and "Gusev." We read *Cherry Orchard* and observed a rehearsal by graduate theatre students. For background, we also read some of Chekhov's letters and, to gain insights into the methods that actors

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use to understand their characters, namely how skilled professionals achieve empathy, we read selections from Stanislavski's *My Life in Art* and *An Actor Prepares* and Uta Hagen's *Respect for Acting*.

Thanks to Chekhov, I found many occasions to relate our readings to experiences I had as a physician. This seemed to pass the time. I also pointed out how, by selecting a few of many possible details, vivid Chekhov makes his descriptions and reveals his characters. This, I said, is what we all must do as physicians: select details among the many we observe, and find the pattern in those that reveal the diagnosis, and make vivid the patient's illness and the routes to treatment.

At first, all I hoped was that the seminars would be interesting. It was not long, however, before I realized that what the students were going through was not only interesting but important. By the end of the course, I was convinced that it was not only important but essential. Nowhere else in the medical curriculum did they confront and discuss the wide array of human concerns raised by Chekhov (and by our patients)—the deep and painful thoughts and feelings aroused by illness and death, the capriciousness of fate, the unexpected dignity in suffering, the power of simple acts of kindness, and the haunting desires and ambitions we discover in ourselves, sometimes at the worst of times.

After a few years, I noticed the tendency of the students to skip the sherry as it was passed around—my hallowed ritual! Why? Gently and politely, they relieved me of my romantic notions about student life. Falling asleep over a novel late at night—which I must have done many, many times during my English major days—was not as calamitous as falling asleep over a neurophysiology textbook on which one would be tested early the next morning. So, the sherry was declared history, and we switched to

non-stupifying mineral waters. I even tolerated disgusting swill like Coke and Pepsi.

In time, I concluded that although the intensive explorations into the short stories, which we could barely get through in 2 hours, gave us deep acquaintance with each work, they involved more effort than was necessary to make the discoveries the students seemed to find most gratifying—namely, connecting the stories with their futures as physicians. No one really wanted to become a Chekhov scholar. They were hoping to become doctors. So, I reduced the reading and shortened the course to an hour and, as further accommodation to the students' needs, made it a brown-bag seminar over the lunch hour.

I also decided to expand beyond Chekhov. This was, in part, because I was getting my fill of the same author but also because I was aware of so many other fascinating works of fiction, as well as poetry. Now, our readings include "The Whistle" by Eudora Welty, "The Use of Force" by William Carlos Williams, and some of his poetry, as well as poems by Sylvia Plath and Ann Sexton. In particular, I like to compare the tempestuous richness of Anne Sexton's *Unknown Girl in the Maternity Ward* with the terse jottings of Williams' *Spring and All*—the kind of reduction that takes place between the patient's story and the medical record. If you're really a good physician, I tell them, you will, in your abbreviated version, like Williams, somehow keep the story alive. I also have added an excerpt from *Fiction and the Figures of Life*, by William H. Gass, who shows how great writers provide a descriptive accuracy beyond mere numbers. (For example, who needs a thermometer when Shakespeare's Hamlet says, "The air bites, shrewdly; it is very cold," and Horatio replies, "It is a nipping and an eager air.")

In the beginning, I devoted the first seminar to providing back-

ground information on Chekhov and his life, medicine, and times. All quite interesting but a bit parochial (although not completely useless—each year I have at least one student who has never heard of Chekhov). Now, I open the first seminar by plunging right into the material, having the students take turns reading his short story, "Misery." Right away we hear each others' voices, so there's no anxiety about speaking up, and, at the same time, we are given an exemplary entry into Chekhov's style and subject matter.

As for the Chekhov play, I have gone back and forth between student rehearsals of scenes from *Cherry Orchard* to movie versions of *Uncle Vanya*, including "Vanya on 42nd Street." In the course of my searches, I made an astonishing discovery—or, rather, a nondiscovery. There is not a single commercially available movie or video version of *Cherry Orchard* in the entire entertainment world. This is a shame (and an opportunity, I might add), since I regard *Cherry Orchard*, with its solipsistic aristocrats yielding to the power of the woodchopper, a remarkably apt metaphor for what is taking place in medicine today.

The final exam, so to speak, is a paper—namely, a short story the students must write from any point of view other than their own and from any point of view other than a medical one. In other words, this is a test of empathy and creative imagination. For the most part, the students have produced remarkable stories, which are read aloud at the end of the course. (One student took up the challenge by writing from the point of view of a penguin in the San Diego Zoo.) Students tell me this test is more terrifying than any other. One year, six students found the assignment so daunting that they dropped the course. Another year, however, the students were so caught up in the exercise that they banded together and

founded a literary magazine, which still comes out once or twice a year.

As for more formal outcome measures, I have none. I have no idea whether the students who take the Chekhov course actually become better doctors than the non-takers. And, even if they do, I would

not know whether this course succeeds in turning students into better doctors or merely self-selects the students who are going to be better doctors anyway. As a physician immersed in health care research that measures patient outcomes, I am embarrassingly ignorant about

how to study such a question. But, I continue teaching the course nonetheless, nourished by faith and pleasure.

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### **Recommended Books**

Chekhov's short stories and plays in Penguin Classics paperbacks

*The Collected Stories of Eudora Welty*, New York, Harcourt Brace Jovanovich, 1982

*Stanislavski on the Art of the Stage*, New York, Faber & Faber, 1988

*Respect for Acting*, Uta Hagen, New York, IDG Books Worldwide, 1979

*Fiction and the Figures of Life*, William H. Gass, New York, Knopf, 1970

*On Doctoring*, paperback edition, Richard C. Reynolds, John Stone, eds, New York, Simon and Schuster, 1995

## **Friends, Romans, Countrymen, Teachers of Family Medicine . . . Lend Us Your Ears:**

**A**re you using literary and artistic materials as part of your curricula? Share your experiences and observations with *Family Medicine* readers!

To submit material for publication in the "Literature and the Arts in Medical Education" column, contact the column editor, Johanna Shapiro, PhD, at [jfshapir@uci.edu](mailto:jfshapir@uci.edu).

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