

Literature and the Arts in Medical Education

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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. jfshapiro@uci.edu.

The Seventh Chair: Illuminating Professional Identity Crises and Ethical Dilemmas in Medicine

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In medical education, where might one go to reflect on professional doubts and struggles in a safe, non-blaming, and constructive setting? Why might it be important to do so? The use of Readers' Theater, in this case the enactment of a half-hour play titled *The Seventh Chair*, is a dynamic teaching tool that allows learners to explore personal and professional issues through the experiences of characters in a play.¹

The Seventh Chair involves a hypothetical therapy process of a therapist and five physicians from literary works confronting personal/professional crises. The seventh chair remains empty and is reserved for the visiting group therapy expert, who has been invited to consult on the process. The therapist begins by welcoming the audience and relating her reasons for the consultation. She feels the therapy process is "stuck" and questions its use-

fulness. The physicians then enter and introduce themselves and their stories to the audience.

Two physicians come from Brian Clark's *Whose Life Is It Anyway?* Drs Michael Emerson and Claire Scott are the respective attending and junior physician, who share the management of a paralyzed patient. They have differing views about the patient's right to end his life. In Bert Pomerance's *The Elephant Man*, Dr Frederick Treves rescues John Merrick, a severely deformed young man, and brings him to live in London Hospital. This act of human kindness and the relationship that develops form the basis of Treves' identity crisis. In Arthur Miller's adaptation of Henrik Ibsen's *An Enemy of the People*, Dr Thomas Stockman discovers the town's most popular health spa is contaminated by industrial pollution. He leads the fight to publicize this information in spite of the fact that the townspeople would like to keep it secret because their livelihoods depend on the economic viability of the spa. In Peter Shaffer's *Equus*, Dr Martin Dysart finds him-

self confronted with a psychotic young boy hospitalized after intentionally blinding a group of horses and has to face the reality of his own boring, painful existence.

Goals and Objectives

The goals of *The Seventh Chair* exercise are to promote reflective thinking and to learn and apply ethical analysis principles. As a form of role-play, health care providers at any level of training enact the characters, reading scripts outlined by the authors. The discussion that takes place after the play is powerful. It can be used to teach process (What is going on? How does the therapist engage, elicit feelings, or reach common ground?), promote reflection (How are the crises similar to what you or others have experienced? How were decisions made? What would you have done?), and examine ethical dilemmas.

Methods

The teaching process involves three acts. Act One is the enactment of the play. In Act Two, the charac-

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ters remain in role while the audience assumes the role of group consultant. They comment and ask questions to increase insight and move the therapy process forward. Act Three includes a discussion about personal reactions and analysis of the ethical issues portrayed in the play.

Personal reactions are elicited in small groups, using focused questions to move the discussion from the characters' reactions and choices to the audience's personal reactions and choices in similar situations. Given that *The Seventh Chair* involves physicians in therapy, the discussion often explores participants' own need for a balanced life, time for reflection, the unconscious use or misuse of power, and variables that promote or inhibit physician health.

The second part of Act Three provides the opportunity to teach an ethical analysis model, followed by small-group discussions in which participants identify the best solution for the identified issue(s) and the principles that support their decisions. I have chosen to teach a step-by-step process on ethical decision making, developed by Rushworth Kidder from the Institute for Global Ethics.²

The process begins with recognizing that a moral issue exists, determining who is responsible, and gathering relevant facts. The next steps are more complicated and are described below. They include determining if the issue is a "right versus wrong" or "right versus right" dilemma and choosing the best resolution principle to guide decision making. It is helpful to explore if there are "tri-lemma options" available, ie, options that transcend either/or thinking. The last two steps of the ethical decision-making process, involving acting on the decision and revisiting and reflecting on the decision, are also presented but are impractical to apply during the session.

The four principles of a right versus wrong dilemma help to determine if wrongdoing is involved. The "legal test" provides the most clarity and applies if there have been legal statutes or laws that set a precedent for the particular dilemma. The "legal test" is applicable in *Whose Life Is It Anyway?* Constitutional briefs from such cases as Karen Ann Quindlen delineate the steps physicians need to take to ensure appropriate care when withdrawing medical treatment of a compromised patient.³

The "front page" test asks the question, "What would your reaction be if your decision were to be plastered across the front page of your newspaper?" The "mom" test asks, "Would your mother approve if she knew about this particular decision?" The "stench" test asks, "Is there a smell of corruption about the resolution of this issue?" as with the town leaders in *Enemy of the People*.

If the dilemma is a right versus right issue, it is a struggle between two values. Truth versus loyalty is depicted by Dr Stockman's choice to expose a major environmental hazard despite his community's desire to do otherwise. Self versus community (which includes patients) applies to Dr Treves' choice of furthering his career at the expense of his patient's wish to not live as a medical specimen or spectacle. Justice versus mercy applies to the treatment of the boy who blinds the horses in *Equus*. Should he be placed on trial and incarcerated for animal abuse, or should he be diagnosed, treated, and hospitalized for psychotic depression? Considering short-term versus long-term results, what would be the best decision for the boy and society in the long run, incarceration or mental health treatment?

Choosing the best resolution principle evolves from the previous two steps and guides the group to the best solution. The three principles are "ends based" or holding

outcomes primary, "rule based" as in the Hippocratic oath or legal precedence, or "care based," holding empathic connection as primary. Because not all concepts described above apply to one dilemma, it helps for the small groups to choose more than one ethical dilemma to analyze.

Evaluation and Feedback

A feedback process has been incorporated into the final large-group discussion on participants' experience in using the model during the workshop and applicability for teaching or clinical care. Written evaluations have included scales for relevance, applicability, and importance and open-ended questions concerning strengths and constructive criticism. Evaluations have been routinely high from a variety of audiences, including students, family practice residents, behavioral science faculty, and physician faculty in predoctoral and residency programs.

Lessons Learned

Our experience with the Readers' Theater approach with different groups of learners has yielded valuable lessons. The first is confidence. If you can read, you can perform in a Readers' Theater event. It helps in character development if performers are comfortable with ad-libbing and are not perfectionists. It's also more fun when performers have a flair for the dramatic. Having faculty perform and take risks in front of residents and students is a healthy role reversal.

There is no need to have read the characters' originating stories. If the audience is too busy trying to remember the details of the various stories, they lose sight of the intent of the actual play. Cues are helpful in orienting the audience to the characters. We've used playbills, large-print nametags, and a verbal summary by each character about his or her story prior to the enactment of the play.

Strong facilitation of the small-group process is crucial, since time is limited. There is a healthy tendency for participants to get off the track, telling stories from other plays or from their own or others' experiences.

Timing with respect to the developmental level of the learner is an important variable in performing this particular play. It has been our experience that if held within the first months of residency, *The Seventh Chair* can transform typical resident doubts into full-blown identity crises.

Conclusion

In summary, *The Seventh Chair* is a creative teaching tool that immediately engages participants in ethical dilemmas of physicians. It creates a jumping-off point for teaching, modeling, and eliciting personal reflection and for developing skills of ethical analysis. It speaks to the heart, cuts through professional boundaries and years of training, and provides an experience that places everyone at the same level.

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3. American Thoracic Society Bioethics Talk Force. *Ann Intern Med* 1991;115:478-85.