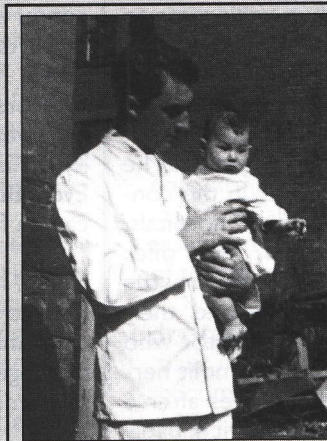


Editorial

In this edition I have had the temerity (some would say audacity) to co-opt as my fellow author the late well known 'doctor-writer' and poet, William Carlos Williams (1883–1963). He is possibly best-known for his poem *The Red Wheelbarrow*.¹



The Red Wheelbarrow

*so much depends upon
a red wheelbarrow
glazed with rainwater
beside the white chickens.*

Dr Williams practiced in industrial northern New Jersey in the United States of America, where most of his patients were newly arrived immigrants and poor. Robert Coles, a psychiatrist who personally knew Dr Williams, writes: 'In Williams' stories the reader meets a New Jersey doc, informal and observant and often harrassed by the demanding obligations of the practice of family medicine, including house calls. What we learn is not only the nature of Williams' practice – the constant challenge of diseases as they occurred in the 1930s, before the arrival of antibiotics and other breakthroughs – but the nature of the doctor's response to that kind of professional life. This doctor, in story after story, admits to moments (and longer) of pettiness, impatience, annoyance, anger, outrage, disgust, prejudice; and also to times when he is frightened, anxious, or, yes, excited, even aroused, by a patient's appearance, or manner of speaking, of standing, of responding to him.'²

Some of these *treated-as-taboo* issues could be thought of as 'the shadow side of the doctor', and are usually not addressed in our undergraduate or postgraduate training as doctors or Family Physicians.

I have selected passages from a story titled 'The Use of Force' which comes from a compilation of Williams' stories called 'The Doctor Stories'.³ (The photograph comes from the cover of this book and shows Dr Williams as an intern in about 1909.) I also quote sections from a story written by Dr Richard Selzer, a surgeon with a gift for writing.

A handwritten signature in black ink that reads "Roy Jobson". The signature is fluid and cursive.

Roy Jobson

1. Beeton DR, Kossick SG, Pereira E. *A University Anthology of English Poetry*. Cape Town. Oxford University Press. 1984:285

2. Coles R. *The Call of Stories: Teaching and the Moral Imagination*. Boston. Houghton Mifflin Company. 1989:107-8.

3. Williams WC. *The Doctor Stories: compiled by Robert Coles*. New York. New Directions Publishing. 1984.

A facet of practice: 'The Use of Force'

Dr William Carlos Williams opens this story¹ with a brief description of how he was called to see the daughter of new patients. He continues as follows:

The child was fairly eating me up with her cold, steady eyes, and no expression to her face whatever. She did not move and seemed, inwardly, quiet. But her face was flushed, she was breathing rapidly, and I realised that she had a high fever.

She's had a fever for three days, began the father and we don't know what it comes from. My wife has given her things, you know, like people do, but it don't do no good. And there's been a lot of sickness around. So we tho't you'd better look her over and tell us what is the matter.

As doctors often do I took a trial shot at it as a point of departure. Has she had a sore throat?

Both parents answered me together, No ... No, she says her throat doesn't hurt her.

Does your throat hurt you? Added the mother to the child. But the little girl's expression didn't change nor did she move her eyes from my face.

Have you looked?

I tried to, said the mother, but I couldn't see.

As it happens we had been having a number of cases of diphtheria in the school to which this child went during that month and we were all, quite apparently, thinking of that, though no one had as yet spoken of the thing.

Question One:

Give examples of other problems or issues which may not be 'spoken of' in the consultation.

Answer One:

Typically any problem which is a cause of fear (e.g. cancer), reveals a 'secret' (e.g. alcohol abuse, domestic violence, homosexuality), is considered shameful or embarrassing (e.g. HIV/AIDS, teenage pregnancy, poverty). The list is endless as virtually anything that causes discomfort in the patient and/or the doctor may be avoided by either party.

The story continues:

Well, I said, suppose we take a look at the throat first. I smiled in my best professional manner and asking for the child's first name I said, come on, Mathilda, open your mouth and let's take a look at your throat.

Nothing doing.

Aw, come on, I coaxed, just open your mouth wide and let me take a look. Look, I said opening both hands wide, I haven't anything in my hands. Just open up and let me see.

At this point the mother tells the child that Dr Williams is a nice, kind man who won't hurt her. He tells us that '[a]t that I ground my teeth in disgust. If only they wouldn't use the word "hurt" ...' He does not say anything however and maintains a quiet and unhurried approach to the child.

As I moved my chair a little nearer suddenly with one cat-like movement both her hands clawed instinctively for my eyes and she almost reached them too.

Both the mother and father almost turned themselves inside out in embarrassment and apology. You bad girl, said the mother, taking her and shaking her by one arm. ... The nice man ...

For heaven's sake, I broke in. Don't call me a nice man to her. I'm here to look at her throat on the chance that she might have diphtheria and possibly die of it. But that's nothing to her. Look here, I said to the child, we're going to look at your throat. You're old enough to understand what I'm saying. Will you open it now by yourself or shall we have to open it for you?

Not a move. Even her expression hadn't changed. Her breaths however were coming faster and faster. Then the battle began. I had to do it. I had to have a throat culture for her own protection. But first I told the parents that it was entirely up to them. I explained the danger but said that I would not insist on a throat examination so long as they would take the responsibility.

If you don't do what the doctor says you'll have to go to the hospital, the mother admonished her severely.

Comment:

Notice how the mother 'threatens' the child. This unfortunately has been (and may still be) common practice in South Africa in everyday situations of attempted childhood discipline. The threat often incorporates the giving of 'an injection'.

Question Two:

What kinds of messages about doctors and health care workers do threats like these send to children?

Answer Two:

The obvious message is that hospitalisation and injections are a form of punishment. Another message is that parents have the power to instruct health workers to inflict pain onto the child. The parents are also, probably inad-

vertently, stating that the responsibility of childhood discipline is in the hands of a third party.

Notice Dr Williams' response to the mother's threat:

Oh yeah? I had to smile to myself. After all, I had already fallen in love with the savage brat, the parents were contemptible to me. In the ensuing struggle they grew more and more abject, crushed, exhausted while she surely rose to magnificent heights of insane fury of effort bred of her terror of me.

The father tried his best, and he was a big man but the fact that she was his daughter, his shame at her behaviour and his dread of hurting her made him release her just at the critical moment several times when I had almost achieved success, till I wanted to kill him. But his dread also that she might have diphtheria made him tell me to go on, go on though he himself was almost fainting, while the mother moved back and forth behind us raising and lowering her hands in an agony of apprehension.

Put her in front of you on your lap, I ordered, and hold both her wrists.

But as soon as he did the child let out a scream. Don't, you're hurting me. Let go of my hands. Let them go I tell you. Then she shrieked terrifyingly, hysterically. Stop it! Stop it! You're killing me!

Do you think she can stand it, doctor! said the mother.

You get out, said the husband to his wife. Do you want her to die of diphtheria?

Come on now, hold her, I said.

Then I grasped the child's head with my left hand and tried to get the wooden tongue depressor between her teeth. She fought, with clenched teeth, desperately! But now I also had grown furious – at a child. I tried to hold myself down but I couldn't. I know how to expose a throat for inspection. And I did my best. When finally I got the wooden spatula behind the last teeth and just the point of it into the mouth cavity, she opened up for an instant but before I could see anything she came down again and gripping the wooden blade between her molars she reduced it to splinters before I could get it out again.

At this point the mother (who obviously did not leave the room) again interferes by shouting at, and humiliating the child.

Question Three:

What is one possible explanation of the mother's behaviour?

Answer Three:

It could be that she is unable to deal with her own distress and therefore projects it onto the child, not only blaming the child for causing a 'scene', but indirectly blaming the child for being sick.

The narrative continues:

Get me a smooth-handled spoon of some sort, I told the mother. We're going through with this. The child's mouth was already bleeding. Her tongue was cut and she was screaming in wild hysterical shrieks. Perhaps I should have desisted and come back in an hour or more.

No doubt it would have been better. But I have seen at least two children lying dead of neglect in such cases, and feeling that I must get a diagnosis now or never I went at it again. But the worst of it was that I too had got beyond reason. I could have torn that child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it.

The damned little brat must be protected against her own idiocy, one says to oneself at such times. Others must be protected against her. It is a social necessity. And all these things are true. But a blind fury, a feeling of adult shame, bred of a longing for muscular release are the operatives. One goes on to the end.

In a final unreasoning assault I overpowered the child's neck and jaws. I forced the heavy silver spoon back of her teeth and down her throat till she gagged. And there it was – both tonsils covered with membrane. ...

Comment:

Despite his legitimate rationalisation of the situation Dr Williams graphically describes his own feelings – the blind fury that overcame him, his 'pleasure' in attacking the child, his loss of control. Here we see the doctor expose his own naked vulnerability, and I imagine that most of us are able to identify with him. As Coles writes in his introduction to the compilation of Williams' doctor stories: 'The stories offer medical students and their teachers an opportunity to discuss the big things, so to speak, of the physician's life – the great unmentionables that are, yet, everyday aspects of doctoring: the prejudices we feel (and feel ashamed of), the moments of spite or malice we try to overlook, the ever loaded question of money, a matter few of us like to discuss, yet one constantly stirring us to pleasure, to bedevilling disappointment in others, in ourselves. ... [Williams] gives us a chance to discuss the alcoholic doctor, the suicidal doctor. He prompts us to examine our ambitions, our motives, our aspirations, our purposes, our worrying lapses, our grave errors, our overall worth. He gives us permission to bare our souls, to be candidly introspective, but not least to smile at ourselves, to be grateful for the continuing opportunity we have to make recompense for our failures of omission or commission.'²

Do we, as Family Physicians of the 21st century have the courage to be 'candidly introspective' and to bare our souls to ourselves let alone anyone else? Are our own personal doctor stories, such as the ones Dr Williams wrote, shared only with our most intimate partners or are they perhaps sublimated through our religious beliefs? Or do they lie buried in the basements of our subconscious under layers and layers of busyness (business?) and commitments?

A few years ago, Dr David Hilfiker re-published some of his personal doctor stories in a book called 'Healing the Wounds'. He generously allows us into explorations of his inner life in terms of being a doctor as well as raising extraordinarily challenging and pertinent ethical questions about the manner in which the practice of medicine has changed and is changing.³

Richard Selzer's book of short stories, also titled 'The Doctor Stories' closes with a reflection on an incident which had occurred 25 years before. The story is called 'Brute'.⁴ It is about a drunk and violent man who was taken to casualty in the early hours of the morning with a laceration of the scalp 'across the full length of his forehead.' He is escorted by several policemen who struggle to restrain him. Once he has been strapped to a stretcher, Dr Selzer examines the wound.

It is twelve centimetres long, irregular, jagged, and ... to the skull. It will take at least two hours.

I am tired. Also to the bone. But something else ... Oh, let me not deny it. I am ravished by the sight of him, the raw, untreated flesh, his very wildness which suggests less a human than a great and beautiful animal. As though by the addition of the wound, his body is more than it was, more of a body.

He goes on to describe how this patient will not stay still for long enough to even begin suturing the wound.

And so he strains and screams. But why can he not sense that I am tired? He spits and curses and rolls his head to escape from my fingers. It is quarter to three in the morning. I have not yet begun to stitch. I lean close to him; his steam fills my nostrils. 'Hold still,' I say.

'You fuckin' hold still,' he says to me in a clear fierce voice. Suddenly, I am in the fury with him. Somehow he has managed to capture me, to pull me inside his cage. Now we are two brutes hissing and batting at each other. But I do not fight fairly.

Dr Selzer goes on to describe how he sutured the patient's earlobes with heavy braided silk sutures to the mattress of the stretcher so that the patient's head faced directly upwards.

'I have sewn your ears to the stretcher,' I say. 'Move, and you'll rip 'em off.' And leaning close, I say in a whisper, 'Now you fuckin' hold still.'

I do more. I wipe the gelatinous (blood) clots from his eyes so that he can see. And I lean over him from the head of the table, so that my face is directly above his, upside down. And I grin. It is the cruellest grin of my life. Torturers must grin like that, beheaders and operators of racks.

The patient remains still and the suturing is successfully completed. Selzer ends the story with the following poignant paragraph:

Even now, so many years later, this ancient rage of mine returns to peck among my dreams. I have only to close my eyes to see him again wielding his head and jaws, to hear once more those words at which the whole of his trussed body came hurtling toward me. How sorry I will always be. Not being able to make it up to him for that grin.

Comment:

The underlying emotion – described as 'blind fury' by Williams, and as 'ancient rage' by Selzer – led to the use of force in managing their respective patients. However in both cases there were additional components. Williams tells us that he had 'fallen in love with the savage brat' and then of his 'pleasure' in attacking her. Selzer was 'ravished' by the wounded man's 'very wildness', the 'great and beautiful animal' and then tells us of the cruel grin with which he assaulted the man.

In the light of these stories, it is interesting that Dr Williams had the following to say about medical education:⁵

'You can set rules; you can teach lessons; you can give tests; you can pass them, even pass with flying colours – but even so, stubborn human nature is out there, threatening to take charge of the intellect. ... There's a big difference between our high talk, though, and how we behave ourselves when we're out there on our own – and we should make that the italicised preface to every lecture, every piece of advice we hand out. It's too damn easy to teach, to preach, then go off and be your own, full-of-yourself, self. I speak with the voice of experience! ... I'm sure most of us docs work hard and try to do the best we can. But I'm not sure we don't hurt a lot of people with our manners, our sour moods, or the big rush we're in. I don't have answers. I know we've got a lot on our minds. I don't need someone reminding me how tough this work is; I know how tough it is, from years and years of experience.'

In terms of medical ethics he had this to say:⁶ (I have not attempted to edit his gender-exclusive language.)

'I wish we had medical ethics courses that pushed us to take a hard look at ourselves, not just examine the rights and wrongs of those "situations" that are often posed in clinical conferences: was it right to stop "treatment," or wrong, and why? I think ... the way a doctor's general attitude toward people, his personal decency and his view of what life means, can influence the way he practices medicine. ...

'What do I recommend? I've got no solutions, only a few obvious ideas ... I'm saying that the more open we are about what gets our moods going, and how those moods affect our work, the more likely we are to catch hold of ourselves – in the nick of time. ... [T]here are days when ... I'll be morose, grouchy, out of sorts, moody, sullen – you pick the word and it'll be the right one to describe a son-of-a-bitch doing his job all right, but with a mind that's clobbering him, and with no heart at all for people who need heart as much as they need to have someone listening to their hearts. That's why, ... I can only come up with my shame, as I remember it, and its sources; and I can only

say: let's have some heart-to-heart stories to tell each other, the folks who teach medicine and the folks who are learning it.'

References:

1. Williams WC. The Use of Force. In: The Doctor Stories: compiled by Robert Coles. New York. New Directions Publishing. 1984:56-60.
2. Coles R. Introduction. In: The Doctor Stories: compiled by Robert Coles. New York. New Directions Publishing. 1984:xiv-xv
3. Hilfiker D. Healing The Wounds: A Physician Looks at His Work. Omaha. Creighton University Press. 1998.
4. Selzer R. Brute. In: The Doctor Stories. New York. Picador. 1998:386-389.
5. Coles R. The Call of Stories: Teaching and the Moral Imagination. Boston. Houghton Mifflin Company. 1989:108.
6. Ibid:116-118

REGISTRATION NOW OPEN FOR 5TH WORLD RURAL HEALTH CONFERENCE

January 25, 2002: Registration is now open for the 5th World Rural Health Conference organized by Wonca, (the World Organization for Family Doctors), which will be held in Melbourne from 30 April to 3 May, 2002.

The Conference theme is "Working Together: Communities, Professionals and Services – Rural and Remote Health."

Professor Roger Strasser - Chair of the Wonca Working Party on Rural Health and Chair of the Conference Working Party – said the Melbourne 2002 Conference is unique.

"It is the first conference at which rural health professionals from all disciplines will be able to get together with representatives of rural communities, consumers and services to discuss rural health issues," Professor Strasser said.

"These issues include the recruitment and retention of a skilled health workforce in rural and remote areas,

indigenous health, the link between poverty and poor health status in rural areas, multi-cultural aspects of health care and gender issues."

He said the conference will also address initiatives in rural health such as the use of IT, the integration of rural, regional and remote health services, innovative education and training, continuing professional development for rural health professionals, and sustainable models of rural health care.

"The level of interest to date has been overwhelming, with more than 400 abstracts submitted by practitioners and students in all health disciplines from 26 different countries," Professor Strasser said. "This as a marvellous response, indicating the high level of national and international interest in the event."

"The Conference will have something for everyone, and is the chance of a lifetime to be part of an exciting and extraordinary event for the world rural health community."

There is a substantial discount for early bird registration, prior to 15 February 2002, and Wonca Direct Members will receive a further 10% discount providing they register before 31 March. Groups of 10 or more will also receive a 10% discount on the early bird fee, providing they register through a professional organization or a nominated regional representative before 31 March.

"In addition to the main Conference in Melbourne, there will be an exceptional range of pre and post Conference programs at other Australian locations," Professor Strasser said. "There will also be a special program of activities for partners and family members."

The registration brochure is now available on the Conference web site at www.ruralhealth2002.net

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