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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. E-mail: jfshapir@uci.edu.

The Play's the Thing: Using Literature and Drama to Teach About Death and Dying

Warren Lee Holleman, PhD

I joined the faculty of Baylor College of Medicine (BCM) in 1988 with a degree in ethics and vague notions about using literature to teach medical ethics and medical humanities. I came to BCM from the University of Houston, where I had enjoyed teaching a "great books" course at the Honors College. There I discovered fiction to be a more palpable medium for exploring ethical and philosophical questions than the highly abstract texts and essays I had studied in graduate school. By reading fiction, my students understood the context in which the ethical dilemmas occurred and the dilemmas' impact on people's lives. I wondered whether medical students would enjoy the same experience: were they inter-

ested primarily in the philosophical aspects of deciding whether to pull the proverbial plug, or were they also interested in the drama surrounding the decision, the impact on all players, and the character traits that make the suffering more or less bearable?

BCM offered no medical humanities courses, and I wanted to develop such a curriculum. There was only one problem: how to get such "soft" courses recognized as legitimate at a school that had staked its reputation on two things I didn't know how to do: hard sciences and heart surgery (and, yes, soft money). I didn't think "Literature and Medicine" would be approved by the curriculum committee, so I proposed a course titled "The Patient," in which we would train medical students to become more effective in treating "hard" or "difficult" patients: the dying, chronically ill, homeless, rude, addicted to drugs or alcohol, noncompliant, depressed, suicidal, disabled. I proposed to bring to

class real patients and their doctors to develop knowledge and skills for handling such hard situations. And, by the way, we'd read some essays by physicians, stories by patients, perhaps even some poems.

To my surprise, the curriculum committee gave unanimous approval to this and the other courses I proposed. We now boldly call this one "Literature and Medicine" and have expanded the scope to include the professional identity of the physician, the emotional impact of being a caregiver, and balancing professional, personal, and family priorities.

Two of my favorite texts for understanding the dying patient are "The Death of Ivan Ilych," by Leo Tolstoy¹ and *A Very Easy Death* by Simone de Beauvoir.² Tolstoy describes a 40-something lawyer who develops a serious illness and, in time, comes to terms with death. Unfortunately, Ivan's wife remains stuck in denial, his colleagues are preoccupied with their own careers and hobbies, and his physicians are

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more concerned about getting the diagnosis than with helping Ivan live and die with his disease. The only caring, empathic friend is Ivan's servant, Gerasim, who is in many ways a Christ figure or at least a model of what a good physician, family member, or friend ought to be and do to help someone through such a transition.

De Beauvoir describes the death of her mother who, at age 78, falls, breaks her leg, and, while recovering in a nursing home, develops an intestinal blockage. Without informing the patient or obtaining consent, the surgeons operate, find terminal cancer, and remove "everything that could be removed." The doctors tell Madame de Beauvoir that she has peritonitis, and she looks forward to recovery even as she wastes away. The doctors convince the daughters to participate in this charade and assure them that their mother will "go out like a candle." Instead, she writhes in pain, fights for breath, and goes from spasm to coma. Yet, the nurse has the gall to say, "I assure you it was a very easy death."

My educational goal in assigning these stories is to help students understand how patients die, what helps, and what hurts, so as to prepare them for their hospital rotations, particularly medicine, in which they will care for seriously ill and dying patients. Most students are familiar with Kubler-Ross's stages of dying, but I worry that her theory describes the way Kubler-Ross wants people to die rather than how they actually die and that it provides a psychological theory rather than the flesh and bones of human experience.³ Being with a dying patient isn't very easy. In the process of reading "The Death of Ivan Ilych" and *A Very Easy Death*, the student is able to experience death vicariously and is forced to sit bedside from diagnosis to death. In class, we discuss the knowledge gained from this experience, we process the feelings aroused, and

we identify skills that make for effective care.

This experience proved so powerful that I began to explore other media for introducing medical students, family practice residents, physicians, and other health care professionals to the types of stories I assigned in the course. I excerpted dialogues from stories and plays and did readers' theater at case conferences for our residents and medical students.⁴ I began culling out dialogues from "The Death of Ivan Ilych" but was so moved by the story as a whole that I decided to try to write a play that combined Tolstoy's art with my own insights and experiences. My father—himself an attorney who first became ill in his 40s—had just died after a long battle with cancer. As part of my own grief work, I wanted to reflect and share my reflections with others. It felt scary trying to improve on Tolstoy: my grandiosity about this project, I joked, was analogous to Ivan Ilych's own initial hubris about conquering death.

At one of our sessions, I had the "Literature and Medicine" class do an informal reading. Judy Chang, a second-year student with a background in theater, offered to help rework my rather flat first draft into a more coherent drama with stage directions, lighting, transitions, atmosphere, and better character development. Under Judy's direction, the students staged a reader's theater production for their classmates. More than 100 attended, and the response was so positive that we decided to use the play as a springboard for a discussion of the use of drama in medical education at the 1994 Society of Teachers of Family Medicine Annual Spring Conference in Atlanta.

Since that time, I have offered seminars on death and dying for chaplains, psychotherapists, and family physicians, using the play to initiate discussion. I ask attendees to take a role and to recognize how it feels to be dying or to be in the

presence of a dying person. Some become overwhelmed with the intensity of the experience, usually sadness and memories of the deaths of parents, spouses, or friends. Others feel guilt or rage at the insensitivity of Ivan's physicians, wife, and colleagues. My goal in writing the play is to give the audience a 45-minute snapshot of what it is like to suffer a terminal illness and to encourage others in medical education to use drama in their own medical school and residency teaching.

There is something about the literary and dramatic forms that enables readers and audiences to enter frightening domains, such as the realm of death, with safety and yet intensity. They feel safe because they know this is fiction. Because they feel safe, they allow themselves to enter more fully and thus experience the full range of emotions, from shock and denial to fear, anger, guilt, sadness, and despair. If a story or play is successful, the reader or audience will not only empathize with the dying patient but will experience, vicariously, death itself. Taking them there, then bringing them back, has been one of my most rewarding experiences as a teacher of medical humanities. It's not heart surgery, but then, maybe it is.

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Definition, Usage and a list of Drama Examples in literature. Drama is a mode of fictional representation through dialogue and performance. Tragedy Tragic dramas use darker themes, such as disaster, pain, and death. Protagonists often have a tragic flaw a characteristic that leads them to their downfall. Farce Generally, a farce is a nonsensical genre of drama, which often overacts or engages slapstick humor. Oscar Wilde's play, *The Importance of Being Earnest*, is a very popular example of Victorian farce. In this play, a man uses two identities: one as a serious person, Jack (his actual name), which he uses for Cecily, his ward, and as a rogue named Ernest for his beloved woman, Gwendolyn. Unluckily, Gwendolyn loves him partially because she loves the name Ernest.

Invited commentary on Death and dying in literature. *Advances in Psychiatric Treatment*, Vol. 9, Issue. 3, p. 219. Illuminating the path: What literature can teach doctors about death and dying. *Palliative and Supportive Care*, Vol. 7, Issue. 4, p. 521. As an interesting sidelight on death and its meanings, the play was rewritten in the 18th century with a happy ending to reflect the more optimistic ethos of an age which believed this was, in Voltaire's famous phrase, the "best of all possible worlds". In the 20th century, Edward Bond wrote a version of the Lear story which was bleaker than Shakespeare's original, precisely on the grounds that Shakespeare was too optimistic.

Many years of working with the dying have shown the authors that certain lessons come up over and over again. Some of these lessons are enormously difficult to master, but even the attempts to understand them can be deeply rewarding. A friend of mine with cancer gave me this book, and it encompasses many of the things I've tried to learn from her. Some people don't get to the best part of their lives until the end, and the authors give us many anecdotes and insights about why that is. I had expected a focus on death and dying, but the title certainly provided a clue as to the actual emphasis - Life Lessons. There is so much wisdom available for living a happy and fulfilling life that can be realized by considering one's own mortality and by working with the dying.