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Lessons from the literary and visual arts: Wonca GP's reflect on medical uncertainty



Wonca Europe Conference 2009 in Basel, Workshop "What the arts can teach us about medical uncertainty"

The question of uncertainty

When Gertrude Stein was wheeled into surgery for her gastric cancer, she reportedly asked Alice B. Toklas, "What is the answer?" and when her companion said nothing, she corrected herself: "In that case, what is the question?"

Coming to terms with medical uncertainty is really about understanding the difference between answers and questions. Our perceived need for clinical answers may keep us from asking the relevant questions, ones that focus attention on our own subjectivity and that of our patients.

The arts can be useful in helping us understand this difference, starting with the philosophical contrast between the seeker of answers and the asker of questions. In David Gewanter's poem, discussed in this session, there are two characters, a father and his son.¹ The father is a pathologist, and a scientist by temperament. His greatest joy is in finding answers. At the autopsy to which he takes his son, he discovers a pebble inside the corpse, presumably the cause of the patient's death, and to him, this finding is all that matters. The son, however, is an altogether different type of person. At 13, he is clearly already a poet. His fascination focuses not on anatomy, but on another sort of puzzle: his father's human failings. Unlike the corpse with its pebble, the son finds it impossible to reduce his father to a single finding.

Once we see that there are two autopsies going on, we realise that they each follow entirely different rules. The father conducting his autopsy seeks transparency and certainty. But from the poet's perspective, the autopsy of a human being yields only his mystery and along with it, the knowledge that his instrument – the pen – cannot capture the whole of him. Uncertainty and elusiveness are the poet's true elements.

For further literary exploration of this contrast, see also Dan Schmidt's "The Save," which tells the story of a patient who has sawn off his arm, and contrasts the world view of the primary care physician with the technical perspective of the surgeon. The primary care physician is attracted to the unsolvable integral whole, whereas the surgeons are fixated only on reattaching the severed limb.²

The GP: scientist versus poet

Are general practitioners scientists or poets? Physicians who deal with both the science of disease and the art of human interaction will recognise the interplay of these two worlds in the clinical encounter. In the session, by way of a written questionnaire, respondents acknowledged encountering uncertainty in the scientific sphere (diagnosis and treatment) as well as in the interpersonal realm (second-guessing the patient). Uncertainty occurs inevitably in everyday practice ('It's part of life' and 'part of my profession'), participants wrote, conceding that "we are humans not machines." To this sense of acceptance, several participants added that uncertainty offers an exciting challenge and element of satisfaction integral to the experience of being a successful physician: "You can use your uncertainty as an important diagnostic tool (it prevents you



Figure 1
Bruno Perillo: «Secretly Hoping For Plan C,» 2004, oil on linen, 26 x 34 inches.

from a tunnel vision)" wrote one participant. Another commented, "I NEED uncertainty to prove my skills as a GP. So perhaps I am only happy with uncertainty." These views suggest that the 'poet's' challenge of working with uncertainty is well integrated into the mature physician's practice.

Resolving uncertainty: the art of interpretation

The latter half of the session focused on how the interpretation of art relates to the art of clinical interpretation. The interpretive process in both art and medicine involves a continuous modification of pre-existing ideas and assumptions. In the Gewanter poem,

- ¹ For the text of this poem, see <http://www8.georgetown.edu/departments/familymedicine/imh/unit1/unit1Sec2c.htm>.
- ² http://www.pulsemagazine.org/Archive_Index.cfm?content_id=71. For yet another perspective on the contrast between answers and questions, see Veneta Masson's "Reference Range," a poem which juxtaposes the meaningless numbers of a laboratory report with such humanly essential themes as the ability to experience joy and our fear of mortality. http://www.pulsemagazine.org/Archive_Index.cfm?content_id=13.
- ³ see <http://hazenfield.com/brunoperillo/planC.html>.

the title, "My father's autopsy" has several layers of meaning, with each meaning correcting the previous interpretation as the reader moves through the poem: the whole trick of the poem rests on the conceptual tension between the autopsy of the dead body and that of the living person.

In a similar way, in a painting by Bruno Perillo³, the viewer moves from the general impression of an androgynous subject to the details of the emergency contraceptive packet the figure holds in his/her hand and to the title, "Secretly Hoping for Plan C." In addition, the artist has offered a description of the painting as the story of a couple contemplating a possible unintended pregnancy. According to Perillo, his painting represents the couple's situation as seen from the conflicting vantage point of the female who is unwilling to consider emergency contraception and her panicked male partner who is not ready for fatherhood. Only by putting together all these pieces of information, and incorporating the artist's own interpretation of his work, can the viewer work through the painting's ambiguities. Thus the viewer comes to understand the painting as a layered product of different interpretive acts, which accommodate ideas ranging from gender identity to the tension surrounding a woman's reproductive rights.

The session participants confirmed the relevance of this interpretive process for clinical medicine. As one participant wrote: "Toleranz heisst auch, die Unsicherheit über die Zeit auszuhalten, das heisst, Geduld zu haben, bis die Diagnose klar wird." The resolution of uncertainty requires time. Within that time frame, the clinician brings his observational and integrative skills to the table. Ultimately, the unknowable remains a meaningful part of the clinical encounter, just as the father remains unknowable to the son, and Perillo's subject remains suspended in his androgyny. As another participant put it: "I can stand a lot of uncertainty as long as I can share it with my patient. I have learned that not every problem needs a solution. Sometimes it helps just to talk about it."

Note: This summary incorporates audience responses to an invitation to answer in writing the following two questions.

- How do you define uncertainty?
- What is your tolerance for uncertainty?

Thirty-two answers were collected.

Resources

- 1 Interacting with the medical humanities (Ed. Caroline Wellbery): <http://www8.georgetown.edu/departments/familymedicine/imh/main.htm>
- 2 Pulse magazine: Voices from the heart of medicine (Ed. Paul Gross): <http://www.pulsemagazine.org/index.cfm>

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- 2 Evans L, Trotter DR. Epistemology and uncertainty in primary care: an exploratory study. *Fam Med.* 2009;41:310–26.
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- 4 Griffiths D, Green E, Tsouroufli M. The nature of medical evidence and its inherent uncertainty for the clinical consultation: qualitative study. *BMJ.* 2005;330:511.
- 5 Ghosh. Understanding medical uncertainty: a primer for physicians. *JAPI.* 2004;52:739–42.
- 6 Hawson MG, et al. Strategies for managing uncertainty and complexity. *J Gen Intern Med.* 1996;11:481–5.
- 7 von Bokhoven MA. Influence of watchful waiting on satisfaction and anxiety among patients seeking care for unexplained complaints. *Ann Fam Med.* 2009;7:112–20.

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