

MEDICAL HUMANITIES UPDATE

AT THE INTERSECTION OF MEDICINE AND EVERYTHING ELSE

A TALK WITH DR. BARRON LERNER

This year, the Medical Humanities Program had the distinct pleasure of hosting Dr. Barron Lerner for the 11th Annual Medical Humanities Lecture. Dr. Lerner is currently a Professor of Medicine and Population Health at the New York University School of Medicine, and has both an M.D. from Columbia University and a Ph.D. in history from the University of Washington. He frequently publishes in scholarly journals and has written five books to date. He lectured on some of the themes in his latest book, *The Good Doctor: A Father, A Son, and the Evolution of Medical Ethics*, primarily focusing on the contrast between his father’s medical career and his own.



Dr. Barron Lerner delivering his talk

His father, Dr. Phillip Lerner, was an infectious diseases consultant who trained at Western Reserve, served his residency at Boston’s Beth Israel Hospital, and completed an infectious diseases fellowship with Louis Weinstein at Tufts University. He was heavily influenced by the humanist values taught to his particular cohort in medical school, but retained the paternalistic ‘doctor knows best’ attitude prevalent at the time.

He studied medicine relentlessly throughout his life, subscribing to and reading several medical journals and relying on a mix of RCTs and clinical judgment to drive his decision making.

His commitment to quality bordered on overbearing at times, and often lead to public confrontations. This earned him the nickname ‘Madman of the Mount Sinai’ during his days at the Mount Sinai hospital in Cleveland.

MCW MEDICAL HUMANITIES UPDATE

From the MCW medical Humanities Program and its affiliated faculty, trainees, and students.

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He withheld information, treated his family members, rarely took vacations, and attended his patients' x-rays and operations to ensure they were given the best possible treatment.

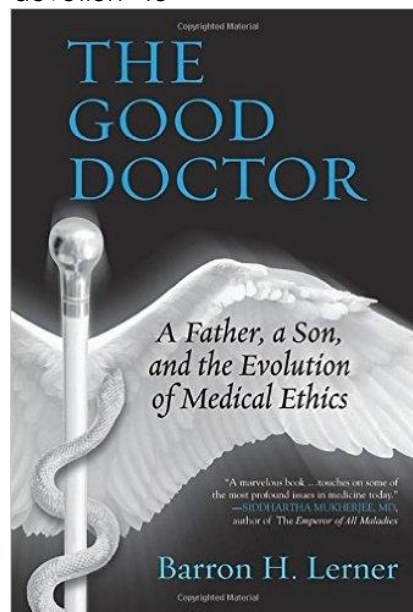
In contrast, the younger Dr. Lerner studied medicine and history in the late 70's and early 80's, taking relatively new bioethics courses with curricula informed by recently uncovered scandals in medicine (e.g. Tuskegee). In this environment of social change and activism, Dr. Lerner sought and obtained advanced degrees in history and bioethics. His career reflected a devotion to reforming medicine; he advocated and still advocates for the use and improvement of informed consent measures, advanced directives, living wills, and health care proxies.

After covering his and his father's lives broadly, Dr. Lerner went over a few cases he pulled from his father's journals, the most important of which I mention in the book review following this article. These thought-provoking cases illustrated the significant harms caused by paternalist practices, but also made clear Dr. Phillip Lerner's intense personal devotion to his patients and his work. While Dr. Phillip Lerner overstepped his bounds in some of the cases, he just as often pushed patients to make choices that likely saved or greatly improved their lives.

Dr. Lerner concluded the lecture by arguing there is "no going back" to paternalistic methods, and that this is largely a good thing. Now patients are better informed, and medical careers are designed to allow doctors more personal time to rest and pursue other interests. With the rise of hospitalist medicine and the workday restrictions that come with it, doctors like Phillip Lerner are simply no longer possible. In this new environment, good doctors must make time to get to know their patients and work with them to make decisions that

align with the patient's values. These sorts of discussions are especially critical during end-of-life care, when quality of life concerns become central to treatment and cost management decisions.

In view of this, Dr. Lerner believes doctors must revisit the idea of medical futility and take up some of the virtues of the paternalistic model (i.e. humanistic insight and clinical judgment) while remaining wary of its drawbacks. If this is done, Dr. Lerner believes medical practice will be more ethical and efficacious.



*The Good Doctor*

## *THE GOOD DOCTOR:* A Review

Dr. Barron Lerner's latest book, *The Good Doctor*, opens with a colorful scene: that of Lerner's father, Dr. Phillip Lerner, physically preventing hospital staff from performing CPR on an elderly patient who had been suffering tremendously from vascular disease and arthritis. Although the patient did not have a DNR, Phillip Lerner overruled the decision to resuscitate the patient. When the nursing team went against his orders, he laid across the patient and fought against the team's efforts until she was declared dead.

This vignette incorporates many of the book's themes: paternalism in medicine, the ethics of medical futility, and the challenges of determining the true interests of a patient. Lerner illuminates these themes by describing the trajectory of his father's and his own career side by side. His tale draws out the deeply contrasting philosophies he and his father held, providing a poignant case study in two generations' radically different answers to the same question: how to provide the best possible care for patients?

Throughout the book, Dr. Lerner encourages the reader to see things from his father's

perspective; he constantly quotes from his father's journals and paints vivid portraits of events in his personal life. Dr. Phillip Lerner's old school paternalism is (often painfully) evident, but equally obvious are his humanism and his fanatical devotion to his patients and his craft.

At many points during the story of Dr. Lerner's father, the reader is forced to stop and consider whether patient autonomy is a categorical good, or if the doctor really does know best in some cases. The elder Dr. Lerner's emphasis on allowing patients to die with dignity is worth considering as medical technology continues to improve and questions about quality of life become ever more pressing. His commitment to using "[his] skills as a physician to ease ... [a dying patient's] passage, not [his] skills as a specialist to prolong ... suffering" (p. 144) is especially thought-provoking.

In his account of his own career, Barron Lerner describes a partially reformed medical system with a new set of problems. Patient rights are now carefully considered, but physicians are often burdened with excessive insurance paperwork, detached from their patients' personal lives, and more likely to be paid in a way that creates conflicts of interest.

*The Good Doctor* is a touching book that explores key issues in medicine with personal force. It pushes back against the popular idea that paternalism is entirely bad and portrays some of the problems with contemporary medicine, but crucially notes that taking bioethical concerns seriously has largely benefitted patients. In the end, Dr. Lerner encourages practitioners to "balance science, ethics, and humanism" (p. 214). His book proves this is easier said than done, but a goal well worth striving for.

## PROFILE:

### Dr. Amy Domeyer-Klenske

Dr. Amy Domeyer-Klenske, the new Assistant Professor of Obstetrics and Gynecology at MCW, is not your typical physician. The moment you meet



Dr. Amy Domeyer-Klenske

her, you cannot help but be a little carried away by her effervescence and lively way of speaking. Her type-A personality is immediately apparent, so much so that it almost comes as no surprise when you learn she is a practicing physician, teacher, and writer.

Alongside her medical degree and outstanding clinical record, Dr. Domeyer has an undergraduate degree in English—specifically creative writing. Although she was always interested in teaching and medicine, Dr. Domeyer decided to study writing first. She says this has gone on to inform her work as a physician by helping her to develop a reflective mood and sharpening her ability to understand and communicate with others.

Of course, it's not always easy to keep everything in balance. Dr. Domeyer remembers having to set her writing aside during her residency. However, she was careful not to abandon her creative aspirations, and remembers the wise advice given to her by a fellow writer-physician, "as you're going through your training, sometimes you have to take something you love and put in in a drawer, and you open it up years later ... and you can dust it off and use it again."

Dr. Domeyer did just that, graduating from medical school with a humanities distinction earned from compiling all of her writing and reflections on her experiences at the time. She says that she used this project as an opportunity to track her personal growth through medical school,

recording interesting and often humorous moments.

She recalls one journal entry she wrote when was struggling through biochemistry. She was afraid of cats but decided to get a one, thinking that if she could face up to her fear of cats she might also be able to face up to test anxieties and the difficulties of medical school. One day, her husband picked her up to take her to biochemistry test, and she found that he had also surprised her by picking up the cat. She was immediately terrified and tried to sit as far away as possible from her new pet, but she passed the test and still has the cat, so perhaps there was something to her philosophy.

Dr. Domeyer also spoke to me about her work in bioethics; in medical school she conducted qualitative research on physician-physician relationships. Although she claims not to have found anything too remarkable, she says it was a good way for her to blend her skills and interests to produce work in an understudied area.

Finally, I asked Dr. Domeyer about her decision to become an assistant professor at the medical college. She told me that she had always been interested in teaching, but her mom (a teacher herself), told her that she ought to seek a better profession. She jokes that she tricked her mom by telling her she was going to be a doctor and then sneaking into a professorship. Dr. Domeyer says she enjoys teaching, and especially likes having students tag along with her while she practices; she finds that it brightens her day and encourages her to stay current.

Dr. Domeyer aims to continue growing as a practitioner and a teacher, and looks forward to what she hopes will be a long and successful career.

“What should I have said?  
[...] Is it fair to tell everyone in  
her situation that there is a  
chance that everything might turn  
out just fine?”

## REFLECTIONS IN A HEAD MIRROR:

### A Decade of Reflection

Since April of 2007, Dr. Bruce Campbell has been writing [Reflections in a Head Mirror](#), a blog detailing his experiences as an Otolaryngologist and a faculty member at Froedert and the Medical College of Wisconsin. Every few weeks, Dr. Campbell takes a moment to reflect on what he has been doing and thinking, and shares those thoughts and stories with the world in a blog entry. The nature and content of the entries varies from week to week and month to month—Dr. Campbell shares old stories, speaks about the particular patients and cases that most trouble him at the moment, reviews books he has read, and occasionally writes more broadly about the medical profession.

Regardless of the content, the reader is bound to encounter Dr. Campbell's clear prose and disarming honesty. One entry from November of 2013 begins, “I performed the wrong surgical operation on a man 25 years ago,” and goes into

a review of a book on the human lapses and emotional disturbances that come with a career in medical practice. In another article from September 9<sup>th</sup> of this year, Dr. Campbell recalls being in the operating room on 9/11. He writes about

the strange feelings that overcame him as he operated on a patient who “had gone to sleep in one world and ... [would awake] in one that had completely changed.” In his most recent entry, entitled ‘Crystal Ball,’ he bluntly acknowledges the uncertainties of cancer treatment, sharing a story about a patient who responded abnormally well to treatment and rebuked him for telling her that her outlook was not good. Knowing she was an outlier, Dr. Campbell wonders, “what *should* I have said? [...] Is it fair to tell everyone in her situation that there

is a chance that everything might turn out just fine? Or is it best to tell them, as I usually do, that, 'I don't know if you will die of the cancer but I know that when you die, you will still have the cancer in you?'"

In each case, Dr. Campbell's engaging questions and descriptions draw the reader into his world, often forcing one to ask, 'What would I do?' His courageous honesty about his mistakes and struggles as a physician give readers insight into the substantial ethical and communicative challenges healthcare professionals must face on a daily basis. This honesty and openness is reflective of the humanistic and ethical concerns that drive Dr. Campbell's practice.

In a video interview (available as part of [Dr. Campbell's physician profile](#) on the Froedert website), Dr. Campbell has said he follows two philosophies: one professional and the other personal. His professional philosophy is to provide evidence based medicine— offering the best care available based on up to date literature, empirical studies, and clinical trials. His personal philosophy is to listen to stories— to determine the patient's values and needs by learning the details of his or her life. By writing about how his patients' stories intertwine with his own, he is able to obtain a clearer view of how to proceed in complicated situations.

I think it is important for patients to hear physicians' stories as well; patients benefit when they can humanize and understand the professionals who provide treatment and assist in making decisions that significantly alter their lives, for better or for worse. *Reflections in a Head Mirror* makes this possible, too— providing details about a lifestyle outsiders might otherwise have difficulty imagining.

Now in its 10<sup>th</sup> year, *Reflections in a Head Mirror* continues to offer stories that provide fascinating, honest, and touching insights into the life of an Otolaryngologist.

## SHORT WORKS BY THE MOVING PENS

The Moving Pens are a group of doctors and medical students who meet once a week to write, read, edit, and collaborate on stories. They are led by Kim Suhr, founder and director of [Red Oak Writing](#).

### The Blind Man

*By Joe Hodapp, Class of 2019*

Darkness cloaked the world, but it meant nothing to the blind man, who intimately understood the nature of darkness. Lids descended over milky white eyes, and the black of day met the black of night. Wandering among the recesses of his mind, he encountered the warm embrace of sleep and rushed up to meet it.

With a gasp and a start, the blind man's eyes opened. Everywhere he looked he saw light. Bright, searing light - a brilliant white flame that engulfed and consumed him. It had been so long since he had seen color - years, a lifetime - that he had forgotten what it looked like. The light infiltrated his mind, burned him clean, forcing away the ink-black shadow that clouded his vision. He wanted to scream in agony and weep with delight at the pain and the sweetness that enveloped his being. Breath coming in ragged gasps, blinking furiously to clear his head, the landscape slowly took shape around the once-blind man.

He was standing in a field of long grass - the kind that rippled when the wind caught its florets and tugged gently. There was a tall tree topping the rise to his left. Everywhere he looked the world was drenched in grainy sepia. Reds and browns filtered lazily across his vision, obscuring the land behind the great tree. The once-blind man, whose eyes remained open for fear of losing newfound sight, pressed his hands to his cheeks and felt tears flowing freely.

Stunned by the swift awakening of his sight, the once-blind man's remaining senses lay dormant for a moment. They hid quietly, shyly, not certain of how to approach this newcomer. As his sight strengthened and adapted, every other part of his body tentatively arose to converse with the heralds of this newfound vision. In an instant, the once-blind man's senses roared to life.

The wind that pulled the grass now playfully tousled his hair. A warm sun blanketed his shoulders and kissed his tear-stained cheeks. He breathed deeply and the scent of blooming wildflowers invaded his nostrils. With a laugh and a whoop, old become young again, the once-blind man sprang forward. He bounded with long, sure strides through the windswept field. Fingertips brushed grasstips, partly in remembrance of a sightless time long-past and partly in delight of a landscape now doubly-sensed. The grass occasionally nipped at the man, catching the pads of his fingers, encouraging him to stop and dance for a while.

In an eternity and a moment, the once-blind man stood at the foot of the great tree. Willowy branches heard the call of the wind and joined in the dance. Placing a palm on the trunk, wind whipping the surrounding branches to a frenzy, the man felt the heartbeat of the earth. All things that danced and reveled drew from this one, steady heartbeat that sounded a timpani deep within the land's crust. Joining the tree, and the grass, and the nectar-sweet wildflower, the once-blind man threw back his head and laughed.

## Back in Tune

By Bruce Campbell, MD, FACS

*[Music] makes practically everyone fonder of life than he or she would be without it.*  
-Kurt Vonnegut

Had I possessed any musical talent whatsoever, my life probably would have gone in a different direction.

Not that my parents didn't try to turn me into a musician. They transported me to piano lessons, percussion lessons, and voice lessons. They bought me a guitar. They pushed me to sign up for the middle school orchestra and the high school choir. They encouraged me to join ensembles and audition for the high school musicals. In retrospect, each exposure enhanced my appreciation for music but none of the opportunities even remotely created a musician out of me.

My new patient, a talented jazz artist and music teacher, agreed that he has known lots of kids like me — eager but musically inept (his words) — during his decades-long career. Now that he had retired, he still enjoyed performing regularly with a Milwaukee-area big band. Playing his horn was as natural to him as breathing. Music was still a big part of his life.

When he had developed a throat cancer, I worried that whatever treatment we proposed would close out his playing days. Surgery would change the shape of the pharyngeal cavity. Radiation would cause severe dryness. I shared my concerns with him and he shook his head. *"Do what you have to do,"* he told me. *"I'll be okay."*

We decided on a course of treatment. It was not easy. His mouth and throat were forever changed. Each visit showed that the tissues were healing, but it was a slow process. After a few weeks, he asked, *"When can I start playing again?"*

*"Go ahead and see what happens,"* I replied. He smiled in a way that betrayed the fact that he had already been practicing.

At each follow-up visit, we would talk about his progress. *"I can play! I need to drink more water, but my chops are returning!"*

After a while, he was back performing with the band. Without actively thinking about the process, he had not only recovered from our treatment but had compensated for his new physical challenges in ways that no one could have predicted. As I sat in the audience listening to the band one night, I realized that he could play much

better than I would ever have played even if I had spent a lifetime practicing. I was relieved.

I will always try to imagine what it must be like to pick up an instrument and improvise as effortlessly as some of my naturally gifted friends and colleagues. I am grateful when MCW staff, residents, students, and faculty share their skills at concerts and talent shows. And, I guess I am also grateful that my parents finally stopped pushing me to take music lessons and suggested that I pursue a different line of work.