

Passion

Oration given to the RNZCGP, June 2001

Dr Jonathan Fox

*Dedicated to my wife, Judith,
without whom I am nothing.*

When I was asked to give the oration at this year's awards ceremony little did the organisers or I know what we were letting ourselves in for.

And neither, I suspect, did you, when you settled back in your seats with breathless anticipation, have any idea of the path I have chosen to explore tonight – 'the road less travelled', to borrow a phrase from the poet Robert Frost.

A definition: ORATION, *an elaborate discourse delivered in a formal and dignified manner.*

The title I have chosen is *Passion* – chosen to fit in with the *Hot Stuff* theme of this year's conference.

I chose that title many months ago without giving any thought to the content, and it is only recently, very recently, that this content has taken form.

But before we get to that content I must digress – but a digression that will make the path tonight clearer.

To most of you here I must be like the new patient that appears on your appointment screen – just a name – orator: Jonathan Fox.

Who is he? What is he? Is he a doctor, a GP? Where does he come from? What does he know? What's his field?

I don't blame you for asking for I, too, am seeking the answers to some of those questions myself, and preparing this oration has helped me enormously.

So. All those questions are the ones we have when meeting someone new, plus, here in New Zealand, where the past lives alongside the present – what might my lineage be?

So I will tell you, briefly. And in that telling there will be a few clues, as there have already been, as to where my oration might lead us

I was born over 50 years ago in Birmingham, England. I was the first child of my parents. My father, a librarian from an old Stratford family that lost six of nine sons in the First World War, and my mother, a Second World War refugee from Austria. I am told that after my birth my mother had to stay in her hospital bed for five days – *for that was what the doctors said in those days*. My first home was above a library and after we had moved around the country for a while we settled back in Birmingham and I did most of my schooling there. I had an inguinal hernia repaired in Birmingham

Children's Hospital when I was eight and maybe that's when I first wanted to be a doctor. I spent a whole week in hospital for my hernia. You had to stay in bed until the stitches came out – *for that was what the doctors said in those days*.

I went to Guy's Hospital Medical School (where John Keats, the poet, trained) for my medical training. Chosen because, well, because a distant relative founded the place, which I suppose was as good a reason as any. I enjoyed my time at Guy's – London in the late 60s was an exciting place to be. I knew I wanted to be a GP, but not just yet, and vocational training was still in its infancy then. So after house jobs at Guy's I joined the Royal Navy.

Having been seduced by the recruiting images of frigates in the West Indies I ended up with something far less glamorous – spending two and a half years going to sea in nuclear submarines. Ten weeks at a time under water in a metal tube with 160 men was an interesting and formative period of my life.

After that I married Judith and entered a GP training scheme within the Navy and spent time in hospitals and General Practice in Hong Kong and Gosport Hampshire.

I then left the Navy and joined a General Practice in Rugby, Warwickshire. I was there eight years and, as well as having a normal practice, I was also Medical Officer at Rugby School, home of Rupert Brooke, the poet.

I thoroughly enjoyed General Practice and my interest in the psychological aspects of medicine was further expanded through psychotherapy training and a big involvement with the use and teaching of medical hypnosis. I also became very involved in medical politics, which was at a very exciting time then in the NHS.

We then saw the light and relocated to Auckland where my wife and I have built up a General Practice in Meadowbank and are also medical officers for Kings College.

So already I have begun to flesh myself out, become less two-dimensional and place myself in some sort of context with linkages you might not have been aware of before.

So what, continuing the analogy of a new patient, is my presenting complaint?

Why Doctor, I have this terrible passion for General Practice.



Few of my friends have it – they all hate General Practice and want to give up.

What is wrong with me?

And so I come back to the theme of passion, but as I do I hear the little warning voice of the artist Frances Hodgkin in my ear –

“They’re lovely people, the New Zealanders, so hospitable and so charming. But for God’s sake don’t talk to them about Art!”

So I shall take up where Marjan Kljakovic left off a couple of years ago with his oration when he was talking about the survival of General Practice.

General Practice will survive when we are free to have conversations letting everyone know that we are good at manipulating information, good at examining bodies and good at conversation. General practitioners will survive when they become passionate about the kind of freedom they have chosen.

I am sorry to say it – but I don’t hear that voice, that passion, coming from General Practice. The conversations I hear daily are of gloom, despair, disillusionment, and these are not new voices, are they? Look at the presentations and discussions we have had so far at this conference.

Is it any wonder that recruitment and retention are so low when our greatest recruiters – ourselves – are speaking in such a negative way?

So what can inspire us? Passion, my friends, that is what I believe to be the answer. We must rekindle that passion for medicine that I hope we all had when we started out in medicine, and especially when we chose the road to General Practice.

Medicine, and especially General Practice, was never easy. Even the Barber Surgeons when they first appeared were seen as the beginning of fragmentation of care.

General Practice has always been hard and always will be.

If you came into General Practice for large financial rewards then you will be disappointed – but there are rewards a plenty that money cannot buy.

The College’s definition of a GP

A general practitioner is an appropriately qualified medical graduate who has particular knowledge and skills to provide personal family, whanau and community orientated comprehensive primary care that continues over time, is anticipatory as well as responsive, and is not limited by age, sex, race, religion or social circumstances of patients nor by their physical or mental states.

Very good – I even think I helped draft that – but does it go far enough?

I swear by Apollo the Physician, Aesculapius, Hygeia and Panacea and all the gods and goddesses...

For those who don’t recognise it, it is the opening phrase of the Hippocratic Oath, but – and here my oration truly begins – Apollo was also the god of poetry; his joint symbols the healer’s staff and the poet’s lyre.

And poetry has the ability to invoke, inspire, kindle and kindle again that passion that makes General Practice a true vocation. Passion for me being defined as an object of deep desire and interest.

William Carlos Williams, a great American poet and physician, said:

“When they ask me...how I have for so many years continued an equal interest in medicine and the poem. I reply that they amount for me to nearly the same thing.”

It was he who wrote:

It is difficult

To get the news from poems

Yet men die miserably every day

For lack of what is found there.

So what is poetry and what is found there?

Poetry has many definitions and many descriptions as to what it does.

“It humanises because it links the individual, by its distilled experience, its rhythms, its words, to another – which no other form of communication can. Poetry also helps to ease the aloneness, which we all share in common” or

“A poem is a window that hangs between two or more human beings who otherwise live in darkened rooms.”

Poems can sadden you, anger you, calm you, amuse you, incense you, reassure you and even make you numb. Most poems are written to be at least a little mysterious, so if some leave you a touch bemused it’s probably half the point.

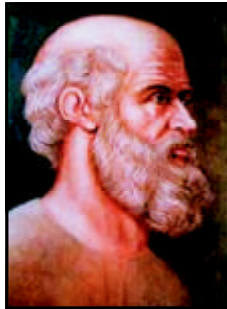
“More doctors write poetry than read it and hence we lack what is found there.”

Like many of you we have had medical students spending time with us. They arrive from the medical school full of knowledge, full of doubt and so eager to learn. They expect us to know it all – and we don’t.

Omar Khayyam, the 12th century Persian mathematician and astronomer, realised that the known science could not explain the truth, mystery and beauty of the universe. This is where poetry comes into play.

And I like what poetry does. I can hear some inward groans – Poetry!? We all remember our poetry appreciations at school don’t we? Boring texts full of dull Victorian poets chosen because the modern poets don’t rhyme, tend to use naughty words or write of naughty deeds.

Let me tell you a little about poetry appreciation. Appreciation of poetry is the same appreciation as in any other area and it is something we do every day in our professional lives – we appreciate the patient and their problems.



Hippocrates

Oratane
Douglas Pharm.

Appreciating something doesn't mean you have to like something.

Appreciating something means recognising or noticing something.

So appreciation of poetry is little more than recognising or noticing poetry.

Dannie Abse is a chest physician, Welsh, who writes poems which he describes as being not an escape from reality but rather an immersion into reality. His poems are beautiful and medically coloured.

If you are trying to educate medical students you could lecture them on the design and uses of a stethoscope. Hours are spent as a student learning the heart sounds, the chest noises – but, please, let's think also of inspiring them, allowing them to move to another realm by reading Dannie's poem *the Stethoscope*, the first verse of which reads:

*Through it,
Over young women's tense abdomens,
I have heard the sound of creation
And, in a dead man's chest, the silence
Before creation began*

I defy you ever to look at a stethoscope again in the same light – for now you can place the noises you hear in that greater context.

Poetry can teach you to listen empathetically.

Rafael Campo, another physician poet, writes:

"Poetry is a total immersion in another – outside voice – so if we can learn to hear poetry we can by extension learn to listen to our patients more attentively."

From *Gaudeamus Igitur*, John Stone (1982), a poem for first year medical students:

*For you may need to strain to
hear the voice of the patient in
the thin reed of his crying*

*For you will learn to see most
acutely out of the corner of your
eye to hear best with your inner ear*

For there are late signs and early signs

For the patient's story will come to you like hunger

And here is a young medical student writing and showing what listening to the patient can do:

Walking into the elderly woman's room, medical pad in hand, I approached her as a body, not a person, intending only to hear her medical history. Instead, I heard a nostalgic voice recounting love for children, gratitude for Nature's beauties, and satisfaction in accomplishments. At first, I became frustrated with what I thought to be irrelevant subject matter, at stories that precluded an efficient medical history taking. Gradually, though, this old woman's joy and pride in a purposeful life inspired me. I realised that perhaps nothing gives greater



Rafael Campo

comfort at the end of life than the opportunity to recount one's achievements and treasured memories. That is, to leave others a vivid portrait of a life well lived.

Time and again, as I visited my patients in the hospice, I found that a few moments spent in fond reminiscence of days gone by eased pain and suffering more effectively than the medicines I prescribed. I, too, came to enjoy these encounters as an opportunity to learn from those wizened by the experience of building the society that I now enjoy.

Now there is a young 4th year student (David Lloyd, Wake Forest University) who has made the connection! He has understood the art of medicine, as I know and enjoy it.

How often are we lost for words to describe the effects of an illness?

I shall now read two, not very long, poems in their entirety to illustrate how, if a picture is worth a thousand words, then a poem is perhaps worth a thousand PowerPoint presentations.

First a poem by David Watts, physician and educator, entitled *ms*:

*it was like his nerves
were dipped in pickling vinegar
piecemeal
starting at the periphery and spotting
in between
and it was changing
like a transforming request
a sensory overload
where some impulses make it and some don't
and that's the story of his numbness
except that it felt like oatmeal
drying on the skin
only with oats you can see where the damage is
they say that stress
could have started it
oh he could buy that story
and have pocket change
left over
while this moth of his nightmare
kept eating at the wool
of his nerve endings*

David Watts, *Taking the History* (1999)

So now I think I have a clearer picture of what MS would be like, and the image of a moth eating at the wool of his nerve endings seems so much more real than the radiologist's cold descriptions of the MRI scan.

Here Jack Coulehan (Director of Medicine, New York State University) writes of a patient trying very hard to communicate but who wasn't able to:

*Irene
After the third stroke,
Her words fell off*

to a few syllables.
 When I enter the room
 and enter those red rimmed eyes
 that can't help
 looking toward the left,
 she cocks her jaw
 and her cheekbones swell.
 With what looks like weakness,
 she wobbles
 her left hand to my wrist,
 but that grip
 is the grip of a woman
 who clings by a root
 to the face of a cliff.
 When she speaks, her words
 are small stones
 and loosened particles
 of meaning
 that tumble to their deaths
 before my ear
 is quick or close enough
 to save them. Irene, tell me again, I say,
 after the words
 in her bits of chopped breath
 are gone. But George
 takes his cap from my desk
 and puts it on his head, and says
 Her gulps don't make no sense

Jack Coulehan (1991)

Who could fail to recognise that desperate grip of a patient trying to communicate?

Patients can be a source of renewal if you revel in them and listen to their stories.

Before I go much further, and there isn't too far to go, I must tie up some loose ends. I must pay homage to my Alma Mater and a couple of its poets.

John Keats trained at Guy's, then, dispirited by poor reviews of his works and when he became ill with TB, went to Rome where he eventually died of a massive haemoptysis. After one massive cough Keats asked for a candle, and after looking at the drop of blood, he said

"I know the colour of that blood – it is arterial blood; – I cannot be deceived in that colour; that drop of blood is my death warrant – I must die."

Keats lay in his corner room in Rome, next to the Spanish Steps (the house still stands) most miserable as he was not allowed any reading *"lest it incite passion and prevent his recovery"* – for that was what the doctors said in those days. (Those doctors were at it even then.) Keats was an avid reader and he would often write poems as he read. He scribbled his poems on scraps of papers – sometimes a stanza at a time. These were often left in books as bookmarks or even just discarded altogether. His great work *Ode to a Nightingale* only got

published because Lord Houghton forced him to gather up all his "fugitive pieces". I wonder if it was meant to be more than eight verses?

*Fade far away, dissolve, and quite forget
 What thou amongst the leaves hast never known
 The weariness, the fever and the
 fret*

*Here, where men sit and hear
 each other groan:*

*Where palsy shakes a few, sad,
 last grey hairs...*

Deprived of his reading he listened night after night to the constant play of water in the fountains outside and the words kept coming back to him from the play of Beaumont and Fletcher – *Philaster* (or *Love lies – A bleeding*) how ironic:

All your deeds

Shall be in water writ.

Finally, a week before he died, he told his friend, the painter John Severn, he wanted no name upon his grave, no epitaph, but only the one line. He died at the age of 25, February 23rd, 1821. As a protestant he had to be buried outside the city walls and you can read that line on his headstone. His friends added more, perhaps, regrettable words, which precede the line I quote just as Keats wanted:

Here lies one whose name was writ in water

His friends added:

This Grave contains all that was mortal, of a Young English Poet, who on his Death Bed, in the Bitterness of his heart, at the Malicious Power of his enemies, desired these words to be Engraven on his Tomb Stone.

And that links in with another Guy's physician poet – David Tong.

David was my senior registrar when I was a surgical houseman. He became a consultant radiotherapist and has single-handedly kept poetry alive at Guy's and fanned the flame of Keats' memory.

He has recently retired, early, from Guy's, and his poem may, sadly, explain why – but please note the echoes of John Keats: *Spluttering Fires*

*Dear Friend, I am still but I have not died
 Nor washed the blood of poets from my hands.
 That stain of precious blood will always lie
 Until I have made others understand.
 I spilt not my blood, but my energy,
 Upon the treadmills of my vocation.
 There was insufficient spark left in me;
 No bright flame to start the conflagration.
 I have sunk with the burden of disease,
 But have not lost my match or my desire.
 I pray that soon, I will rise up from my knees*



John Keats

*And light touch papers of a thousand fires.
In April, I will take that route to Rome
To bring an apothecary's soul home.*

David Tong

So how are we doing with this idea that the humanities have a huge part to play in my passion for General Practice? I see as I look around I am making some connections – for that is what this is about – connections that show we, be we doctors, patients or both, are not alone. I often think General Practice could be one of the lonelier specialities; we usually work alone – one-on-one in a consulting room with our patients. There are obvious dangers there – personal and professional – and by keeping in touch with others through various media we can be less alone, less afraid.

Helen Keller wrote:

Security is mostly superstition.

It does not exist in nature,

Nor do the children of men as a whole

Experience it.

Avoiding danger is no safer in the long run

Than outright exposure.

Life is either a daring adventure, or

Nothing

To keep our faces toward change and

Behave like free spirits

In the presence of fate is strength

Undefeatable.

Helen Keller, *Let Us Have Faith* (1940)

Now back to our medical students – how to explain to them (and others) why patients like their own personal general practitioner – someone who can bring experience and perspective to their health and their lives.

Only last week a gentle elderly lady in her 70s came to see me – “just for a blood pressure check” and after she’d gone I read this poem to the student as an explanation.

Touch

I just thought I'd call you...

You see, every once in a while

I need someone to listen

To my ocean

To bring their ear to

The conch shell

Of my chest wall

To tell me while

The warmth of their

Hair drapes over

My hands

Whether or not they can hear

Any knocking coming from my heart

Richard Scartozzi

A poem by George Bernstein, a surgeon, entitled *A Surgeon Contemplating on his Deafness*:

The world

slowly

tip-toes

away

from me

And hangs like

a picture full

of colour

and silence.

My friends

speak smiles

at me

breaking the rhythms

of their

senseless chatter.

The sounds of

children, rustling leaves

murmur

a sweet forgotten fragrance

in

my

ears

And with

muffled oars it

pulls away

from me.

My friends speak smiles at me – how could you not empathise with the level of hearing loss described? Every facet of the physical, psychological, social and emotional encapsulated in that short phrase.

So Doctor, I hope you understand my problem – my passion for General Practice.

Please tell me that there is no cure for passion.

Please tell me that it is highly contagious – for I want everyone to catch it.

I have not lost my match or my desire, and if I can light touch papers of a thousand fires – so be it.

Thank you.

Dr Jonathan Fox

29 June 2001