

**“Against Handmaiden Humanism: The Case of the 2009 Gold Foundation ‘Humanism in Medicine’ Essay Contest”**

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**Without any attempt to contextualize Anatole Broyard's life and work, the prompt for the 2009 Arnold P. Gold Foundation "Humanism in Medicine Essay Contest" asked medical students to "reflect on the following," a quotation from Broyard's *Intoxicated By My Illness*:**

***“To most physicians, my illness is a routine incident in their rounds, while for me it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity.”***

**Read in a vacuum, Broyard's dilemma seems like it could be resolved if just one physician offered a gesture of recognition of the psychological, social, and symbolic space dividing patient from healthcare professional. Not surprisingly, then, all three of the winning contestants (from a total 300 submissions) developed poignant, sensitive accounts of engagements with suffering, but all seem to agree that the appropriate response to this incongruity of experience is for physicians to adjust their cognitive posturing vis-a-vis the suffering of Other(s). (Baker 2009, Barnett 2009, Sahani 2009) The essay prompt's disembodied citation of Broyard's words permits a literal interpretation of his lament, without requiring any attention to the social and political-economic phenomena that modulate and magnify the experience of physical suffering.**

**I, too, fell into the trap laid by the essay prompt. I wrote about Ya Patricia, an elderly Maya woman I met through my work in Guatemala. She spent the first forty years of her life in a contemporary form of debt slavery on a coffee plantation in rural Guatemala; and she spent the last year of her life in bed, debilitated by recurrent fevers, anorexia and weight loss. Depressed, cachectic and in pain, Ya Patricia was denied biomedicine's "comfort measures"--pharmacologic or moral--in her agonal moments. Her family watched in dismay as she slowly progressed through what sounded like a catastrophic stroke. A physician had been contacted earlier that day as Ya Patricia began to complain of worsening pain, but he declined to make the trek to attend to Ya Patricia, explaining that she was a "chronic case" and that there was little he could offer her. I don't know if that physician's refusal--that is, his inability to *at least perceive this incongruity* separating the patient from**

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her absent healers--was ever communicated to Ya Patricia. If it was, her reply, uttered from her deathbed in a remote hamlet instead of a hospital cot in the larger town where the physician lived and worked, went unheard by any physician—and, moreover, it was spoken in Kaqchikel Maya, and not in Spanish, the colonial language of Guatemalan biomedicine, so this physician wouldn't have understood it anyway.

Far away in Boston on the night of Ya Patricia's death, I received a long-distance phonecall from Rosa, the community health worker from the same hamlet. Overwhelmed by my impotence in the face of the vast displacements that divided me from my patient, the only response I could muster was lamentation. I quote briefly from what I wrote that evening after calling Ya Patricia's family to express my condolences:

*"I am ashamed that I did not do more. I am ashamed that I do not have a picture of her, and I am ashamed at my selfish sadness that I will not have another opportunity to sit at the edge of Ya Patricia's bed, listening as she tells me how she is feeling."*

It's no coincidence that, like the winning contestants of the Gold essay competition, I retreated into a gesture of noble futility. Faced with our own reified positions and the powerfully reifying processes of biomedicine-as-usual, physicians-in-training feel relegated--and encouraged, even pressured, by the hallowed pronouncements of entities like the Gold Foundation--to fall into socially sanctioned emotional and moral responses, thereby mis-recognizing as insurmountable the experiential and social distances between patient and physician.

Of the three winning contestants of the Gold Foundation's 2009 essay contest, only second-place prize winner Michael Barnett, a student at Harvard Medical School, acknowledged that the individuated dilemmas faced by his patients--and by himself as their healthcare provider--were condensed manifestations of abiding social and physical structures that preserve the chasm between patient and provider. As such, he describes this chasm in architectural (and thus appropriately spatial, or structural) terms: Barnett writes about a hospital divided from the rest of the world by doors, where patients and their caretakers become alienated from one another and from themselves.

*"Doors in a hospital are unlike doors in any other place. In my home, I can pass through the door from my room to the kitchen without a moment's thought. But in a hospital, doors transform anyone who passes through them. The proud grandfather who still plays drums in a jazz band becomes the geriatric patient with pneumonia and aortic stenosis. The naïve and anxious medical student becomes a member of 'the team.'"*

Barnett goes on to describe his subsequent realization of the alienating and anti-social effects of such divisions of physical and metaphorical space, in the context of rounds on his institution's Stroke Team.

*“Why did I need to push aside my emotions about Mr. Hauser’s crumbling life and sudden suffering? ... What happened to me as I passed through his door? I could take the easy way out and blame the culture of medicine. ... But I know that I chose to keep my precarious tower of emotions and thoughts from tumbling into plain view [...] because it would have been simply too difficult, too frightening to let myself into Mr. Hauser’s collapsing world. It felt more important to me to protect my own emotions than to take a risk and try to address his. But now, I see that the truly hidden curriculum revealed itself when I walked through the door to Mr. Hauser’s room and let myself see my patient as a ‘one-liner.’”*

Despite this incisive analysis, Barnett resigns himself to these structural etiologies, leaving them intact in a gesture of noble futility. He says he will continue "unlearning and relearning" the hidden curriculum of medicine, but even if the effects of these alienating structures can be linguistically described and cognitively resisted, in the end individual providers are doomed to reproduce them in their everyday practices. If I understand Barnett's closing sentiments correctly, his only escape from this ineluctable sense of failure comes when he walks past the threshold of the hospital and back into his life. Barnett concludes:

**“I think few patients are aware of the deep impression they make on my life. I could tell them how their stories of suffering have shaped my sense of self, ethics, and spirituality, but it never occurs to me until I pass outside the doors of the hospital. Only then do I see the chasm between the personal crisis of each of my patients and my daily work for them. Only then can I leave the stack of one-liners behind me to pick up again for the next morning’s rounds.”**

**END QUOTE.**

Thus, Barnett ultimately betrays his own ambivalence, flipping into a self-exculpatory brand of humanism that normalizes the alienating, market-based logic in which modern biomedicine is embedded. This is the “humanism-in-medicine” of the Gold Foundation: it teaches us to decry the existence of doors while failing to ask when and how they were erected.

To move beyond this error, we must reject the Gold Foundation prompt's dehistoricized, desocialized presentation of an individual in suffering. Faithfulness to Ya Patricia and others whose lives are assaulted by the reticulated social epidemics of material and medical deprivation, requires us to reject the notion that the "incongruity" that Broyard identified is reducible to catastrophic illness. Broyard's painful words should make any thoughtful and compassionate provider's heart skip a beat if voiced by a patient. But the horrendous frequency with which "non-patients" like Ya Patricia suffer undiagnosed and untreated illnesses should make our hearts stop altogether. To be very sick is one thing, but to be very sick and extremely poor--or similarly deprived, as in the most virulent forms of racism--is quite another. If, as Barnett astutely observes, the doors of a hospital transform sick people who enter them into "one-liners," those same doors are closed to the

overwhelming majority of humanity, rendering the suffering of the indigent sick into "no-liners"--that is, invisible, unheard, and effectively irrelevant to the traditions and rituals of "humanistic" medicine.

This lesson, that social-structural etiologies and manifestations of suffering are intimately bound up with the "biological" forms that fall under the conventional purview of biomedicine, is applicable in Broyard's case as well. Anatole Broyard was a passionate exponent of liberal humanism, and his philosophical roots share many points of intersection with those of the Gold Foundation. However, closer attention to the lifeworld and positionality from which *Intoxicated By My Illness* was written makes it evident that this socially decontextualized quotation hides a great deal of complexity. As discussed by Henry Louis Gates, Jr. in his *Thirteen Ways of Looking at a Black Man*, Broyard spent his entire adult life hiding his Louisiana black creole ancestry from friends, co-workers, and even his own children. Whether Broyard's decision to "pass" as white grew out of schoolyard traumas in Bedford-Stuyvesant or was simply an expedient career move, his ambivalence about his natal family's ethnic identity plagued him until the end of his life: as he lay dying of metastatic prostate cancer, he repeatedly rejected his wife's entreaties that he reveal this "secret" to their son and daughter before he was too incapacitated to tell them himself.

The Gold Foundation essay prompt seems to purposely elide this crucial aspect of Broyard's experience of extreme debilitation and suffering. The ambivalence in Broyard's sense of self, and the threat of a racist society's denial of that self, reveals literal interpretations of his words as intellectually irresponsible and ethically violent. In both Broyard's and Ya Patricia's case, the word, "incongruity," metaphorically distorts the distances separating people in hierarchical social contexts, substituting a relation of difference in shape for what is really a difference in social status. That is, "incongruity" masks stark and troubling "inequality." And this is the prompt's perverse irony: by invoking Broyard's suffering without attending to the social context of his experience, it further magnifies the distance between Broyard as patient and us as physicians.

Perhaps that is the way in which the perplexing redundancy of the Gold Foundation's banner "humanism-in-medicine" begins to make sense. If, as Barnett describes, medical professionals are expected to leave behind their stack of "one-liners" when they exit the doors of the hospital, what are they obliged to leave behind when they enter? If, as the Gold Foundation and other protectors of biomedicine-as-usual would have it, it is permissible to leave behind the outrage and disgusted disbelief that are perfectly "humane" responses to social-structural etiologies of extreme suffering, we must ask whose interests are served by an understanding of "humanism" that leaves such profoundly dehumanizing structures in place. Otherwise, we will remain deaf to the indictments posed by the profound forms of suffering to be witnessed at the ever-widening margins of our highly stratified societies. We are all implicated by our uncritical acceptance of the Gold Foundation's stabilization of a violent status quo through its various

pedagogical and ritual interventions to promote a hegemonic and morally comfortable “humanism-in-medicine.” If we place any stock in our self-conception as humane individuals, we must struggle against such normalizing discourses—otherwise, we will have abandoned society’s sickest and poorest, for we will fail to take their side in battering down the doors that exclude their humanity.

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