

## Re-Imagining Primary Care

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I have had the privilege of knowing and working with numerous physician-writers for nearly the past two decades of my life in medical education. They have taught me that it is possible to simultaneously maintain both a scientific and a humanistic stance in the world of clinical practice—whether as physician, as nurse, or as social worker or other health care professional.

Their perspective on the place of the humanities and the arts in the medical school curriculum and in our lives is captured well by some lines from the poem "Gaudeamus Igitur" by physician-poet, John Stone (1983):

*For there will be the arts  
and some will call them  
soft data  
whereas in fact they are the  
hard data  
by which our lives are lived  
For everyone comes to the arts  
too late  
For you can be trained to listen  
only for the oboe  
out of the whole orchestra  
For you may need to strain to  
hear the voice of the  
patient  
in the thin reed of his crying.*

Jack Coulehan, also a physician-poet, answered my call for a reflective essay. He is an important person in my life for a number of reasons. He has

been an invaluable source of guidance to the Center for Literature, Medicine, and the Health Care Professions, which we at Northeastern Ohio Universities College of Medicine (NEOUCOM) operate jointly



with Hiram College; and he has mentored me in my struggles as a teacher-poet.

I turned to Jack a number of months ago to help with

my perceived need to re-imagine primary care. I called on him not only because of his writing skills, but also because of his breadth of knowledge and experience as a generalist physician. I called on him because I had become worried about who were serving as the mentors or action guides for physicians of the 21st century, physicians who I hope will "hear the voice of the patient in the thin reed of his crying." I present as evidence of my concern the following scenario: At a recent class presentation I was giving on death and dying, I asked our first-year students if they knew of Elizabeth Kubler-Ross's work. Only eight of one hundred or so hands rose in response. Perhaps ten of those in attendance knew who Albert Schweitzer was. I asked about Schweitzer because it was his life work that propelled Kubler-Ross into medicine.

Which heroes are our students calling upon? Probably not Schweitzer. More likely they are motivated by the chest thumping and number shouting heroes of the television show *ER*. Or perhaps their role models have the initials "M.B.A." after their names. So I grow more vexed about who our medical students are becoming and how the social forces of professional schooling and the health care delivery system may be turning



them into persons they had not intended to become. Recent scholarly work has convinced me that the situation is becoming dire. For example, MacPherson (1997) uses the metaphor of a "speeding bullet" to describe the pace of the changeover to a for-profit health system. Not only does this analogy imply the temporal aspects of this transition, but it also signifies the potential danger in trying to challenge it. Woolhandler and Himmelstein (1997), longtime champions of a single payer health care system, also have recently thrown down the gauntlet against for-profit care. While leading physicians, nurses, and students in a demonstration against profit-based health care, they warned that "today's medical market displaces patients and caregivers from center stage, elbowing aside the human relationship and cultural crux of care" (p. 6). In a chapter appropriately titled "Imagining Unmanaging Health Care" in his recently published book, physician-writer and recent graduate Raphael Campo (1997) also has eloquently addressed the issue of loss of ideals and the obliteration of the images of caring that had sustained him:

*I once dreamed of learning how to become more empathic, not more productive; even if seduced in part by the prestige of medicine, I have never wished to be a mere cog in a new system whose sole purpose is to profit by its efficiency. Need, the oceanic depth of it, defies even the most eloquent of poems to articulate it, so how can a single telephone*

*line to an HMO's surly triage nurse suffice? The monumental impassivity of the burgeoning managed-health care system, as it collides with this tidal wave of suffering, seems more likely to produce a disaster than a workable solution. (p. 203)*

Thus, the challenge to my colleague was to take seriously the influence imagination has on our everyday lives and the critical decisions we make. In particular I asked him to reflect on the decision to accept the calling to generalist medical practice and how one who is called to primary care lives up to the expectations of the mentors or heroes who influenced that calling.

I also suggested to Jack that in constructing his essay he should consider the following additional questions:

Who have I become in comparison to who I thought I was when I began my medical career? What images have influenced and continue to influence me? What are the origins of those images?

Did (and do) the images or persons I call upon express or reinforce dominant ideologies within our society and, in particular, within the traditional medical establishment? Have I consciously sought non-traditional sources of iconic inspiration?

What images would I want the generalists we seem so desperately to want more of to incorporate into their imaginations, individually

and communally?

I realize that there is no such thing as an innocent or a pure image or story. Reality is socially constructed and influenced by social values and ideological forces. I must take care not to foist Kubler-Ross (a questionable role model) or even Schweitzer on my medical students. And who says they can't be influenced positively by the doctors on TV. I just hope that they also take the time to listen to or read the work of physicians like Jack Coulehan as well. □

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