Literature and Cardiology

Ana Luisa Rocha Mallet¹,², Luciana Andrade¹, Maria Clara Marques Dias³

¹Universidade Estácio de Sá – Faculdade de Medicina – Rio de Janeiro, RJ – Brasil, Universidade Federal do Rio de Janeiro – Hospital Universitário Clementino Fraga Filho – Rio de Janeiro, RJ – Brazil
²Universidade Estácio de Sá – Faculdade de Medicina – Rio de Janeiro, RJ – Brazil
³Universidade Federal do Rio de Janeiro – Departamento de Filosofia – Rio de Janeiro, RJ – Brazil

Abstract

In the 64th Cardiology Session of the American College of Cardiology, held in March 2015 in California, the opening lecture was given by Dr. Abraham Verghese, certainly not known for his publications in cardiology journals. By reading a poem, this professor of Internal Medicine at Stanford University discussed the relationship between science and literature, encouraging the cardiologists to entertain a unique moment of deep thinking about the work and the daily connection of medical professionals with the hearts of patients.

Keywords: Teaching; Humanities; Cardiology; Medicine in literature

Introduction

Cardiology is the medical specialty that has most used technological advances in recent years, often with a questionable involvement from the point of view of the actual benefit for the patients. Since technological advances are undisputable, it is also undisputable that the doctor-patient relationship has become more distant and deteriorated. Patients are dissatisfied with the attention and the care they are receiving from physicians on all levels of healthcare. This is not different in cardiology. The patients are broken down into their various organs, and go to several specialists; neurologists, cardiologists, endocrinologists, gastroenterologists ... And they may not have one to be called their doctor. In cardiology, you may have a cardiologist to take care of your blood pressure, another one to look after your arrhythmia, another one for your anticoagulation and another one to treat your coronary disease. And who takes care of the patient?

This situation is also distressing for healthcare professionals and has motivated many discussions on medical education. An initiative that attempted to bring the medical professionals closer to those seeking their attention has been the introduction of humanities studies in the medical curriculum. Among these initiatives, the literature appears as a prime opportunity to reassess the predominantly technical perspective of the medical education, which is visibly depleted.

Abraham Verghese started the opening lecture at the 64th cardiology session of the American College of Cardiology by reading the poem “I carry your heart with me (I carry it in)” by E.E. Cunning.

Who is Abraham Verghese? Born in Ethiopia, currently a professor at Stanford University, he is the author of the best-selling “11th Commandment”. His talk was preceded by a conversation with Eric Topol, in October 2014. With this love poem, he remembered that when we talk about a heart, we talk about two “hearts”. One that is randomized, participates in meta-analyses, undergoes high-tech tests, receives various medications and procedures, and another heart — one that can be moved by a poem, a heart that suffers, the heart of each patient,

Corresponding author: Ana Luisa Rocha Mallet
Rua Riachuelo 27 – Centro – 20230-010 – Rio de Janeiro, RJ – Brazil
E-mail: ana@largodasletras.com.br

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which is often unattainable. The first heart has received much attention in modern medicine. What about the second heart? Perhaps this call for humanity was the cause of the great impact of the lecture.

Literature, through the expansion of human experience and mindsets, aesthetic emotion, makes it possible to imagine other realities and other stories, new experiences that can help people get closer.

Literature and medicine as an academic discipline emerged in 1972 at the University of Pennsylvania. The journal Literature and Medicine published by John Hopkins in 1982 contributed to its recognition. Since 1995, 30% of American universities have been offering literature courses in medical schools.

Literary excerpts addressing medical conditions could be a first attempt to introduce literature in medical education. The two texts below express much more strongly and accurately some common situations in medicine. Marguerite Yourcenar describes heart failure in “Memoirs of Hadrian” in much greater detail and vigor than the traditional “dyspnea, edema, hepatomegaly” — a visceral translation of a major epidemic in cardiology:

“They are the last breaths of a dying man.”

“Just as we have a right to consider our bodies as the property of the state, so also we shall have a right to consider our words as the property of the state.”

In the classic “The Death of Ivan Ilyich” by Leo Tolstoy, the experience of illness and death is described as drama not found in textbooks dealing with the finiteness of life.

“What tormented Ivan Ilyich most was the deception, the lie, which for some reason they all accepted, that he was not dying but was simply ill, and he only needed to keep quiet and undergo a treatment and then something very good would result.” He however knew that do what they would nothing would come of it, only still more agonizing suffering and death. This deception tortured him—their not wishing to admit what they all knew and what he knew, but wanting to lie to him concerning his terrible condition, and wishing and forcing him to participate in that lie. Those lies—lies enacted over him on the eve of his death and destined to degrade this awful, solemn act to the level of their visitings, their curtains, their sturgeon for dinner—were a terrible agony for Ivan Ilyich.

“... The awful, terrible act of his dying was, he could see, reduced by those about him to the level of a casual, unpleasant, and almost indecorous incident [...]. He saw that no one felt for him, because no one even wished to grasp his position [...]. At certain moments after prolonged suffering he wished most of all (though he would have been ashamed to confess it) for someone to pity him as a sick child is pitied. He longed to be petted and comforted.

Conclusion

Literary examples can be used with students during their medical education so that in their increasingly busy and stressful everyday life they do not fail to realize that diseases happen on real people and each one reacts differently to the process of getting ill. The attempt to get closer to the heart — often unattainable — does not prevent from attempting this connection, which can be established by uttering words.

“Science is crude, life is subtle — and it is for the correction of this disparity that literature matters to us”

— Roland Barthes.

Potential Conflicts of Interest

This study has no relevant conflicts of interest.

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Academic Association

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Point of View

The opinions expressed in this manuscript are solely those of the authors. The International Journal of Cardiovascular Sciences welcomes different points of view in order to stimulate discussions to improve the diagnosis and treatment of patients.
References


