

Gemütlichkeit – a pro or a con in medicine?

*'Healing'
Papa would tell me,
'is not a science
but the intuitive Art
of wooing Nature.'*

The Art of Healing (In Memoriam David Protech, M.D.)
WH Auden

My friendly German elective student, explaining the nuances of *Gemütlichkeit*, suggested 'atmosphere' in response to my suggestion of 'aura' or 'charm'. 'Think of steamers on the Rhine and castles and beer and sausages and oompah pah bands,' he said helpfully. It is also clear that the geniality, the homey comfortableness, can be contrived and false as well as genuine and engaging. No part of the student course addresses 'How to be a Doctor' because it is an impossibly pompous thing to talk about. You could hardly be addressed by someone who doesn't believe they have the answer; and that sounds smug. But, then, by a process of self-selection, many doctors avoid significant contact with people. Maybe they recognize that that part of medicine is less attractive to them, perhaps because they also recognize these interpersonal issues. However, the front-line troops of medicine do need to be able to cope with, communicate with, and understand people, and empathize, sympathize, counsel, and console. I worry about how well we teach that.

Just as restaurants owe their reputations to the waiters as much as to the chef, so the image of medicine is dictated by what happens at the public interface as by what happens in the microbiology laboratories or the positron emission tomography suite. A bad waiter can wreck the most beautiful cuisine. To press home that metaphor, if the chef is off sick and ingredients are short, first class service and preparation may save the day. Dealing with people is an old skill, and it will never cease to be needed.

Bedside manner

The modern alternative to the 'bedside manner' would be the 'physician/health care seeker interface (P/HCSI)', soon to be replaced by the 'computer/HCSI'. In a sense, the physician is already the lackey of the machine, carrying dribbles of

information and urine to the pathology laboratory where the real diagnosis occurs. This is a long way from making a diagnosis of neurasthenia or incipient pneumonia, or lumbago or myalgia, all consoling semantic artefacts neither requiring nor capable of being reality tested, but nevertheless answering to a human need. Doctors in the front line are negotiators operating in the space between the shared world of symptoms (illnesses) and the arcane biophysical world of diseases. Now it looks as if you either have an identifiable biophysical defect or else you're not really 'ill'. If you're not ill and you're 'up the doctor's' what are you doing there? Are you perhaps mentally ill?

One thing more: people can move beyond the interests of doctors by being so ill that they are dying. Dying has become such bad news that a new specialty has been introduced to deal with it. The dying can be passed to the care of the thanatologists in their hospices and the 'formerly sick' to social services provision. We thus separate reparable and irreparable ills with space and with language. In his day, John Radcliffe had no significant biomedical resources with which to back up his healing powers. Yet the satisfaction he gave as a physician enabled him to generate a massive fortune. The symbol of his charismatic healing authority was his gold headed cane.

The current standing of medicine in society can be gauged in a number of ways. Proportions of GNP spent on the National Health Service (NHS), earnings of practitioners, applications for joining the professions, expressed sentiments in popular works. Christopher Wren is remembered in St Paul's: '*si monumentum requiris, circumspice*' (if you seek my monument, look around). If you want to know how people really feel about medicine and mutual care, look around NHS facilities. Until recently restored by television, students had no longer heard of AJ Cronin¹ or could not read into Somerset Maugham's stories the extraordinary acuteness of a physician's vision of predicaments. They do not know *The Story of San Michelle*,² and may only have caught *Not as a Stranger*³ on a late-night TV rerun. These are all false idealizations about medicine and about doctors, but they are positive falsehoods at least – biased towards the proper aspirations.

Powerful and scary doctors

*The Aquarian Conspiracy*⁴ describes how people have

begun to withdraw the authority which they have traditionally given to doctors, to empower them, just at the time when doctors' rational expertise has taken off in a dramatic manner – perhaps the two are related. Doctors are powerful; and scary. The more powerful they become, the scarier they are, so every chance has to be taken to keep them in their place. An 1881 textbook, written in the year before Koch's discovery of the tubercle bacillus, gave the causes of tuberculosis as: hereditary disposition; sedentary indoor life; defective ventilation; deficiency of light; and depressed emotions. In 1920 Kafka in a letter wrote, 'I'm mentally ill, the disease of the lungs is nothing but an overflowing of my mental disease.' These facts are quoted with distaste and disapproval by Susan Sontag in her *Illness as Metaphor*.⁵ The paradox might be that we were nearer to an important truth before we laid the whole trip on the poor bug. Louis Pasteur's dying words are said to be, '*C'est le terrain!*'; his realization of that truth.

What are the sources of our problem? Perhaps the selection or perhaps the training of doctors. I understand that selection for some medical schools does not require an interview. This must be because it 'doesn't work' and that a pig is just as good in a poke. It means that: it doesn't matter what doctors are like so long as they are clever; or it does matter, but not enough to do some serious work on the subject; or between selection and 'outcome' there are such strong altering forces at work that input-output correlations are going to be very poor; or, of course, that doctors are no better at interviewing candidates than they are at interviewing patients.

I would rather see more graduate students, and people with experience of life in other fields, come into medicine – let life do a little selecting for us first. This is increasingly true now that relatively little selecting out is done once the courses start.

Training and education

Sir Peter Tizard was heard to remark that training was suitable for acrobats and circus dogs. Otherwise education is to be preferred. Nevertheless, the trainers have it all their way these days, from the cradle through to the consultancy. The essence of 'training' is that exposure to the experience will be better than deepening acquaintance with a particular chief, or a particular system or institution. It fosters the notion that the truth lays 'out there' rather than something to discover 'in here'. I was once told that my plans for a 'training' scheme would reduce the scheme to being no better than an apprenticeship. 'Elevate it!' I said, 'Elevate it, to the level of an apprenticeship!'

Medical courses are organized so that people and their plight in sickness is really the last thing we learn about. The big names of early medical school life aren't clinicians at all, they are the 'basic scientists'. The basic sciences are about pieces of people, the corpse, the pot, the body fluid, the ultra filtrate. There's a real danger that emerging from this, that we may only see people subsequently as aggregations of these parts, their essential humanity and unity with us being lost. No wonder it is not thought necessary for wards to have offices for doctors to talk to people in. I worry too about the pace of medical practice – the 5-day ward is not just a cost-cutting exercise, it's a fundamental change in philosophy, in the type of house we keep the atmosphere it generates. Now, day surgery, day care, and day cases all encourage us to believe that our biotechnology can be conveniently packaged.

Maintaining your personality

What about a bit of rest, regression, and restoration? Why, we might ask, do you happen to be sick *today*? Dealing with human ailments makes demands of us personally as human beings, demands which we cannot always meet. I think it calls on the same basic resource as does the 'bedside manner' part of medicine – the same resource that guides all useful medical transactions. I think it's an aspect of personality that many students arrive with, but is difficult to foster, is easy to lose on the way, forget, or required to be eliminated for the good of the rest of 'one's Self'; what the Americans now call care provider burnout! Dr John Radcliffe did not suffer care provider burnout. Nor did he have much to go with against the ills of this world but, as a measure of the scale and effectiveness of his charm, the atmosphere he created, take a walk around central Oxford, *circumspice* a bit! It will do you good.

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