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Opinion | OP-ED CONTRIBUTOR

Practicing Medicine Can Be Grimm Work

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TODAY, after four arduous years of examinations, graduating medical doctors will report to their residency programs. Armed with stethoscopes and scalpels, they're preparing to lead the charge against disease in its ravaging, chimerical forms. They carry with them the classic tomes: Harrison's Principles of Internal Medicine and Gray's Anatomy. But I have an unlikely addition for their mental rucksacks: "Grimm's Fairy Tales."

Fairy tales have always fascinated me: fishermen and talking flounder, siblings wending their way through a shadowy forest, seven brothers transformed into ravens. Although I always wanted to be a doctor and took the requisite courses to be admitted to medical school, in my undergraduate years I majored in English and studied Victorian fairy tales. Immersing myself in period documents, I saw tenuous connections between the worlds of fantasy and medicine, between fairy dust and consumption.

But when I started medical school, I packed up my youthful literary indiscretions. I reordered my bookshelf, moving my well-thumbed but now irrelevant Brothers Grimm stories behind a biochemistry textbook. Within weeks my desk was crammed with printouts on fractures of the humerus and the intermediates of oxidative phosphorylation. I was thinking in terms of proximal and distal, instead of hither and thither.

Then I started my third year of medical school, when students rotate through the different specialties, crisp white coats venturing into the grime of clinical medicine. I felt I was prepared with my color-coded pharmacology flashcards and issues of The New England Journal of Medicine.

But soon I came across an elderly woman with hyponatremia, a sodium deficiency. I knew what treatment she needed. But my textbooks and articles let me down. They couldn't tell me why her adult children had been neglecting her and denying her food. They gave no answers to the mysteries behind the physical symptoms, or how to process them.

In pediatrics, my team discovered long, thin scratches on a child's back — made by metal clothes hangers that someone had dug into her skin and pulled.

In physical medicine and rehabilitation, we supervised occupational therapy for a 10-year-old who'd shot himself in the head. He shrugged when we asked why: "I dunno."

In neurology, a stroke patient went off life support on his daughter's birthday, and the sound of her convulsive weeping went up and down the hallways, knocking against other patients' doors.

In internal medicine, I cared for a woman who had been so badly beaten by her late husband that her eyes pointed in different directions. She came in for trouble swallowing, and I had to hold her down during an endoscopy to see if esophageal cancer was the cause.

In surgery, a handsome young man was being eaten alive by cancer. From above the operating table, I could peer inside him and see tumors wrapping themselves around his vital organs.

In psychiatry, a waifish princess look-alike — mascara dripping down her porcelain cheekbones — was committed to our ward for hearing voices not of this world.

The practice of medicine bestows the sacred privilege to ask about the unmentionable. But what happens when the door to Bluebeard's horror chamber opens, and the bloody secrets spill onto your aseptic field of study? How do you process the pain of your patients?

I found my way back to stories. The Grimm fairy tales once seemed as if they took place in lands far, far away, but I see them now in my everyday hospital rotations. I've met the eternal cast of characters. I've taken down their histories (the abandoned prince, the barren couple) or seen their handiwork (the evil stepmother, the lecherous king).

Fairy tales are, at their core, heightened portrayals of human nature, revealing, as the glare of injury and illness does, the underbelly of mankind. Both fairy tales and medical charts chronicle the bizarre, the unfair, the tragic. And the terrifying things that go bump in the night are what doctors treat at 3 a.m. in emergency rooms.

So I now find comfort in fairy tales. They remind me that happy endings are possible. With a few days of rest and proper medication, the bewildered princess left relaxed and smiling, with a set of goals and a new job in sight. The endoscopy on my cross-eyed confidante showed she was cancer-free.

They also remind me that what I'm seeing now has come before. Child endangerment is not an invention of the Facebook age. Elder neglect didn't arrive with Gen X. And discharge summaries are not always happy; "Cinderella" originally ended with a blinding, and Death, in his tattered shroud, waits at the end of many journeys.

Healing, I'm learning, begins with kindness, and most fairy tales teach us to show kindness wherever we can, to the stooped little beggar and the highest nobleman. In another year, I'll be among the new doctors reporting to residency training. And the Brothers Grimm will be with me.



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