

New York Times

Opinion

Doctor Talk to Me

By Anatole Broyard

Aug. 26, 1990

When, in the Summer of 1989, I moved from Connecticut to Cambridge, Mass., I found that I had difficulty urinating. I was like Portnoy, in *Portnoy's Complaint*, who couldn't fornicate in Israel. I had always wanted to live in Cambridge, and the thought passed through my mind that I couldn't urinate because—like Israel for Portnoy—Cambridge was a transcendent place for me.

When my inhibition persisted, I began to think about a doctor, and I set about finding one in the superstitious manner most of us fall back on: I asked a couple I knew for a recommendation. To be recommended, for whatever unreasonable reasons, gives a doctor an aura, a history, a shred of magic. Though I thought of my disorder as a simple matter—prostatitis is common in men of my age—I still wanted a potent doctor.

I applied to this particular couple for a recommendation because they are the two most critical people I know: critics of philosophy, politics, history, literature, drama, music. They are the sort of people for whom information is a religion, and the rigor of their conversation is legendary. To talk with them is an ordeal, a fatigue of fine distinctions, and I wanted a doctor who had survived such a scrutiny.

They could only give me the name of their internist, who referred me to a urologist. The recommendation was diluted, but it was better than none, so I made an appointment to see the urologist in a local hospital. The visit began well. The secretary was attractive, efficient and alert. She remembered my name. I was shown into a pleasant office and told that the doctor would be with me in a few minutes.

While I waited, I subjected the doctor to a preliminary semiotic scrutiny. Sitting in his office, I read his signs. The diplomas I took for granted; what interested me was the fact that the room was furnished with taste. There were well-made, well-filled bookcases, an antique desk and chairs, a reasonable Oriental rug on the floor. A large window opened one wall of the office to the panorama of Boston, and this suggested status, an earned respect. I imagined the doctor taking the long view out of his window.

On the walls and desk were pictures of three healthy-looking, conspicuously happy children, photographed in a prosperous outdoor setting of lawn, flowers and trees. As I remember, one of the photographs showed a sailboat. From the evidence, their father knew how to live—and by extension, how to look after the lives of others.

Soon the doctor came in and introduced himself. "Let's go into my office," he said, and I realized that I had been waiting among someone else's effects. I felt that I had been tricked. Having already warmed

myself to the first doctor, I was obliged to follow this second man, this impostor, into another office, which turned out to be modern and anonymous. There were no antiques, no Oriental rug and no pictures that I could see.

From the beginning, I had a negative feeling about this doctor. He didn't seem intense enough or determined enough to prevail over something powerful and demonic like illness. He had a pink, soft face and blue eyes, and his manner was hearty and vague at the same time, polite where politeness was irrelevant. He reminded me of a salesman with nothing to sell but his inoffensiveness.

I didn't like the way he spoke: it struck me as deliberately deliberate, a man fixed in a pose, playing doctor. There was no sign of a tragic sense of life in him that I could see, no furious desire to oppose himself to fate. I realized, of course, that what I was looking for was extravagant, that I was demanding nothing less than an ideal doctor, yet isn't that what we all want?

In the end, it didn't matter whether my reading of this particular man was just or unjust—I simply couldn't warm up to him. Choosing a doctor is difficult because it is our first explicit confrontation of our illness. "How good is this man?" is simply the reverse of "How bad am I?" To be sick brings out all our prejudices and primitive feelings. Like fear, or love, it makes us a little crazy. Yet the craziness of the patient is part of his condition. I was also aware of a certain predisposition in myself in favor of Jewish doctors. I thought of them as the trouble-shooters—the physicians, lawyers, brokers, arbiters and artists—of contemporary life. History had convinced them that life was a disease. My father, who was an old-fashioned Southern anti-Semite, insisted on a Jewish doctor when he developed cancer of the bladder. A Jewish doctor, he argued, had been bred to medicine. In my father's Biblical conception, a Jew's life was a story of study, repair and reform. A Jewish doctor knew what survival was worth, because he had had to fight for his. Obligated to treat life as a business as well as a pleasure, Jews drove hard bargains. To lose a patient was bad business. In his heart, I think my father believed that a Jewish doctor was closer to God and could use that connection to "Jew down" death.

This other, all-too-human doctor took me into an examining room and felt my prostate. It appeared to me that he had not yet overcome his self-consciousness about this procedure. Back in his office, he summed up his findings. There were hard lumps in my prostate, he said, which suggested tumors, and these "mandated" further investigation. He used the word "mandate" twice in his summary, as well as the word "significantly."

But he was the only urologist I knew in Cambridge, and so, a few days later, I allowed him to perform a cystoscopy, a procedure in which a small scope was inserted through my urethra up to my prostate and bladder. During surgical procedures, doctors wear a tightfitting white cap, a sort of skullcap like the one Alan Alda wears in "M*A*S*H*." To this, my doctor had added what looked like a clear plastic shower cap, and the moment I saw him in these two caps, I turned irrevocably against him. He wore them absolutely without inflection or style, with none of the jauntiness that usually comes with long practice. He wore them like an American in France who affects a beret without understanding how to shape or cock it. To my eyes, this doctor simply didn't have the charisma to overcome or assimilate those caps, and that finished him off for me.

I want to point out that this man is in all likelihood an able, even a talented doctor. Certainly, I'm no judge of his medical competence, nor do I mean to criticize it. What turned me against him was what I saw as a lack of style. I realized that I wanted my doctor to have style—which I think of as a dash of

magic—as well as medical ability. It was like having a lucky doctor. I've described all this—a patient's madness—to show how irrational such transactions are, how far removed from any notion of dispassionate objectivity. To be sick is already to be disordered in your mind as well. Still, this does not necessarily mean that I was wrong to want to change doctors: I was simply listening to my unconscious telling me what I needed.

Now that I know I have cancer of the prostate, the lymph nodes and part of my skeleton, what do I want in a doctor? I would say that I want one who is a close reader of illness and a good critic of medicine. I secretly believe that criticism can wither cancer. Also, I would like a doctor who is not only a talented physician but a bit of a metaphysician too, someone who can treat body and soul. I used to get restless when people talked about soul, but now I know better. Soul is the part of you that you summon up in emergencies. You don't need to be religious to believe in the soul or to have one.

My ideal doctor would be my Virgil, leading me through my purgatory or inferno, pointing out the sights as we go. He would resemble Oliver Sacks, the neurologist who wrote *Awakenings* and *The Man Who Mistook His Wife for a Hat*. I can imagine Dr. Sacks entering my condition, looking around at it from the inside like a benevolent landlord with a tenant, trying to see how he could make the premises more livable for me. He would see the genius of my illness. He would mingle his daemon with mine; we would wrestle with my fate together. Inside every patient, there's a poet trying to get out. My ideal doctor would "read" my poetry, my literature. He would see that my sickness has purified me, weakening my worst parts and strengthening the best.

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. I don't ask him to love me—in fact, I think the role of love is greatly exaggerated by many writers on illness. Of course you want your family and close friends to love you, but the situation shouldn't become a hunting season for love, or a competition, a desperate kiss before dying. To a critically ill person, love may begin to resemble an anesthetic. In a novel by Joy Williams called *State of Grace*, a character asks, "What can be beyond love? I want to get there." The sick man has got there: he's at a point where what he wants from most people is not love but a spacious, flaring grasp of his situation, what is known now in the literature of illness as "empathetic witnessing." The patient is always on the brink of revelation, and he needs someone who can recognize it when it comes.

Just as I see no reason for my physician to love me, I would not expect him to suffer with me either. On the contrary, what would please me most would be a doctor who enjoyed me. I want to be a good story for him, to give him some of my art in exchange for his. If a patient expects a doctor to be interested in him, he ought to try to be interesting. When he shows nothing but a greediness for care, nothing but the coarser forms of anxiety, it's only natural for the physician to feel an aversion. There is an etiquette to being sick.

I wouldn't demand a lot of my doctor's time; I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once. I would like to think of him as going through my character, as he goes through my flesh, to get at my illness, for each man is ill in his own way. Proust complained that his physician did not allow for his having read Shakespeare. I have a wistful desire for my relation to my doctor to be beautiful—but I don't know how this can be brought about. Though I see us framed in an epiphany, I can't make out the content.

Just as he orders blood tests and bone scans of my body, I'd like my doctor to scan me, to grope for my spirit as well as my prostate. While he inevitably feels superior to me because he is the doctor and I am the patient, I'd like him to know that I feel superior to him too, that he is my patient also and I have my diagnosis of him. There should be a place where our respective superiorities could meet and frolic together.

Since technology deprives me of the intimacy of my illness, makes it not mine but something that belongs to science, I wish my doctor could somehow restore it to me and make it personal again. When my father's father died in the French Quarter of New Orleans 60 years ago, the popularly accepted story was that on a humid night in mid-August, he had eaten a dozen bananas and then taken a cold bath. He was a man of 87 whose life had been a strenuous assertion of his appetites, and this explanation suited him, just as it suited his friends in the French Quarter. It would be more satisfying to me, it would allow me to feel that I owned my illness, if my urologist were to say, "You know, you've beat the hell out of this prostate of yours. It looks like a worn-out baseball." Nobody wants an anonymous illness. I'd much rather think that I brought it on myself than that it was a mere accident of nature.

It is only natural for a patient to feel some dismay at the changes brought about in his body by illness, and I wonder whether an innovative doctor—again, like Oliver Sacks—couldn't find a way to reconceptualize this situation. If only the patient could be allowed to see his illness not so much as a failure of his body as a natural consumption of it. Any reconciling idea would do. The doctor could say, "You've spent yourself unselfishly, like a philanthropist who gives all his money away." If the patient could feel that he has earned his illness, that his sickness represents the decadence that follows a great flowering, he might look upon the ruin of his body as tourists look upon the ruins of antiquity. (Of course I'm offering these suggestions playfully, as experiments in thinking about medicine.) Physicians have been taught in medical school that they must keep the patient at a distance because there isn't time to accommodate his personality, or because if the doctor becomes "involved" in the patient's predicament, the emotional burden will be too great. As I've suggested, it doesn't take much time to make good contact, but beyond that, the emotional burden of avoiding the patient may be much harder on the doctor than he imagines. It may be this that sometimes makes him complain of feeling harassed. The patient's unanswered questions will always thunder in his stethoscope. A doctor's job would be so much more interesting and satisfying if he would occasionally let himself plunge into the patient, if he could lose his own fear of falling.

Applying to other friends, following new recommendations, I found another urologist. He's highly regarded in his field, and he inspired such confidence in me that my cancer immediately went into remission. My only regret is that he doesn't talk very much—and when he does, he sounds like everybody else. His brilliance has no voice—at least not when he's with me. There's a paradox here at the heart of medicine, because a doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction and the music of his humanity, that compensates us for all the speechless machines. When a doctor makes a difficult diagnosis, it is not his medical knowledge only that determines it, but a voice in his head. Such a diagnosis depends as much on inspiration as art does. Whether he wants to be or not, the doctor is a storyteller, and he can turn our lives into good or bad stories, regardless of the diagnosis. If my doctor would allow me, I would be glad to help him here, to take him on as my patient.

Although I hope to live for a while, my urologist is young, and I see us as joined till death do us part. Perhaps later, when he is older, he'll have learned how to converse. Astute as he is, he doesn't yet understand that all cures are partly "talking cures." Every patient needs mouth-to-mouth resuscitation, for talk is the kiss of life.

Yet it's too easy to accuse the doctor, to blame the absence of natural talk on him. It's also true that some of what the patient asks is ineffable. Even a doctor like Chekhov would be hard put to answer him. For example, I would like to discuss my prostate with my urologist not as a diseased organ but as a philosopher's stone. Every patient invites the doctor to combine the role of the priest, the philosopher, the poet, the scholar. He expects the doctor to evaluate his entire life, like a biographer.

Of course, a physician may reasonably ask: "But what am I supposed to say? All I can tell the patient is the facts, if there are any facts." But this is not quite true. The doctor's answer to his patient is yet to be born. It will come naturally—or at first unnaturally—from the intersecting of the patient's needs with the physician's as yet untried imagination. Just as a mother ushers her child into the world, so the doctor must usher the patient out of the ordinary world into whatever place awaits him. The physician is the patient's only familiar in a foreign country.

To help the doctor reach the patient, and the patient to reach the doctor, the mood of the hospital might have to be modified. It might be less like a laboratory and more like a theater, which would be only fitting, since no place contains more drama. The laboratory atmosphere can probably be traced back to the idea of asepsis, to the avoidance of contagion. Originally, the patient was protected by the sterility of the hospital. Only the sterility went too far: It sterilized the doctor's thinking. It sterilized the patient's entire experience in the hospital. It sterilized the very notion of illness to the point where we can't bring our soiled thoughts to bear on it. But the sick man needs the contagion of life.

Not every patient can be saved, but his illness may be eased by the way the doctor responds to him—and in responding to him, the doctor may save himself. But first he must become a student again; he has to dissect the cadaver of his professional persona; he must see that his silence and neutrality are unnatural. It may be necessary to give up some of his authority in exchange for his humanity, but as the old family doctors knew, this is not a bad bargain. In learning to talk to his patients, the doctor may talk himself back into loving his work. He has little to lose and much to gain by letting the sick man into his heart. If he does, they can share, as few others can, the wonder, terror and exaltation of being on the edge of being, between the natural and the supernatural.

Anatole Broyard (1920-1990) was an American writer, literary critic, and editor whose literary output spanned several decades. His oeuvre encompassed short stories, essays, and reviews. He was a prolific contributor to several literary magazines and publications, most notably The New York Times, where he served as a regular book reviewer for nearly fifteen years and, later, as an editor of The New York Times Book Review.

Broyard died of metastatic prostate cancer six weeks after this essay was published.