

The Primer Never Written

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I am not going to finish my “Primer of Life’s Important Lessons” that I was writing for the child I hope to have some day. It is not that I have given up on having children in my life, but no one learns that way. Even I—when I was trying so hard to learn everything in medical school memorizing list after list in gross anatomy—would begin forgetting once the test was over. We all did; it was simply too much for us to retain all that we were learning.

Now that I am one of the professors giving lectures to medical students, I see them diligently memorize my words for the test. However, once they move on to the next unit, my words are soon lost in the maze of facts they must learn. By the time they graduate, none of them will recall any of the lectures from medical school. We professors know that we are not their real teachers. That honor belongs to people like Mr Carlson, whom we admitted yesterday.

After Mr Carlson had graciously agreed to see a student doctor, we sent our medical student to his bedside. She introduced herself, sat next to his bed, and began taking his medical history. Mr Carlson told her about his terrible itching, and waking night after night, drenched in sweat. Asking about his occupation, she learned he was a farmer and had sprayed herbicides on his corn each spring. Then Mr Carlson said he believed the real cause of his illness was the Agent Orange that he had been exposed to during the Vietnam War. Our student told her patient she did not know whether Agent Orange had caused his symptoms but promised to look into whether there might be a connection. He thanked her. Then she began examining him.

Lifting his bed sheets to check his skin, she found he was covered, arms, legs, and trunk, with long scratches and scabs, evidence of the itch he could never relieve. Checking

his lymph nodes, her fingers found multiple nodules in his neck and both armpits. When she palpated his belly, her first such palpation as a medical student, she thought she felt something brush against her fingers. She had him take another deep breath. Yes, she did feel a spleen, no doubt swollen by his cancer.

That is why lymphoma changed for our student. At that moment, the disease stopped being a mere list of facts, competing for storage space in her brain, waiting just long enough to be remembered for the next examination. Instead, she heard Mr Carlson’s gravelly voice, telling his story, that of lymphoma. Her fingers felt the gritty hardness of cancerous lymph nodes; they will not forget. Lymphoma now has a story, thus anchoring it deep within her hippocampus.

That is how real learning occurs, the long-term kind that is incorporated into our very fiber. Words alone are dry, brittle, and without meaning. However, words telling stories show us reality. When we sit for our board examinations, we do not remember our books or our professors’ lectures. Instead, we see our patients’ faces and hear their voices telling us stories. We remember what we did, and how our patients did, and then we know how to answer the examination questions.

That is why I am stopping work on the primer. Hearing and being part of our patients’ stories is how learning really occurs, the lasting kind that stays with us forever. Narratives have more power to teach and to inspire, much more than didactics alone. Our patients and their narratives are the lattice on which most of us have built and continue to build our clinical knowledge.

That is why I plan to use my stories and the stories of my children, if I have them, the choices made or not made as the main vehicle for teaching values and developing character, just as physicians have long used stories for teaching the art of medicine.

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