

CAMPUS PROFILE

Jane Thraikill: For a Med Student, a Necessary Catharsis

In the opening semesters of medical school, aspiring doctors endure an exhausting sprint through immunology, hematology, cardiology, the respiratory system, urology, gastroenterology, neurology, behavioral science, endocrinology, multi-organ synthesis and more. It's one of the most intensive course loads in all of academic life.

And then rather suddenly — after years of lectures, readings and exams — students are dispatched into health clinics, emergency rooms and infant nurseries to confront the messy reality of human life at its most vulnerable.

"I am in awe of what they do and the kind of experiences they put themselves in the way of," said Jane Thraikill, an associate professor of English and a pioneer in the emerging field of medical humanities. "It's a quite extraordinary set of expectations they have to attend to."

Thraikill is convinced that a little time for reading, writing and reflection can make those expectations bearable. As a literary scholar and director of UNC's Health Humanities lab, she has long argued that art and literature can offer valuable insights for improving health care, grappling with human frailty in ways that science alone cannot.

The School of Medicine is giving her the chance to put those insights into practice. As of last year, the curriculum includes a yearlong seminar for med students to "reflect upon and discuss their clinical experience from various perspectives."

For a few hours each month, students



ANNA ROUTH BARZIN '07

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meet to discuss poems and essays, share journal entries and talk through some of the searing dilemmas that confront even the most mundane medical practice.

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cal students for some sort of space for thinking more narratively, more holistically, about the work they're doing," Thraikill said.

On a recent summer morning, under the softly buzzing fluorescent lights in MacNider Hall, a dozen students gathered around a conference table. They had traveled from clinical assignments all over the state for a full day of classes in Chapel Hill, part of the breathless schedule that keeps them chronically fatigued.

There was a touch of bemusement when Thraikill opened the session with a few moments of silent meditation.

Afterward, she asked if any of the students have "micro meditations," short rituals or strings of thought that help them get through the day.

One young woman brought up her hiking sandals, a reminder that she has been outdoors sometime recently.

"It's hard to remember that I'm a person and not just the tasks that I need to do today," another added.

The medical profession is slowly coming around to the notion that personhood matters for physicians — that stressed-out doctors aren't good for patients. A 2015 editorial in *Mayo Clinic Proceedings* by Duke researcher Dan Ariely '94 (MA, '96 PhD) noted that more than half of American physicians report symptoms of burnout and disaffection at work, a trend that has grown worse in recent years.

Ariely and other researchers attribute the rising discontent to the "production-line"

logic of modern medicine, where the goal is to efficiently fix a health problem and move on.

“Medicine should be viewed as a research and development activity,” Ariely argued. “Providers need time to think and reflect.”

The health humanities takes that need and turns it into a discipline. Thraikill credits UNC with being a leader in the field. “It’s an interesting School of Medicine, with an interesting philosophy and almost a sense of personality and character. It’s very oriented toward family medicine, toward community medicine, and it tends to bring people who think about broader concerns of public health.”

And it has embraced a literary scholar like Thraikill, an unabashed outsider to the medical profession. Her undergraduate teaching includes staples like “The American Novel” and “American Literature on Page and Screen” but also a wildly popular course called “Literature, Medicine and Culture.” At a time when English departments across the country are struggling to fill seats, her human health class draws a waiting list of eager undergraduates.

“Students want interdisciplinary teaching,” she said. “It helps bridge a certain gap between theory and practice.” It also has helped Thraikill win a slew of classroom awards, most recently the 2017 Award for Excellence in Teaching for the Chapel Hill campus by the UNC System Board of Governors.

Around the med school seminar table, Thraikill runs the discussion a bit like a writing workshop. The students turn in short reflections, and they’re shared with the group. The literary exercise opens a window into deeply fraught subjects.

“Ethical dilemma: How do we convey to the family our concerns that the patient is dying without further alienating them, and how do we treat the patient well and reasonably while respecting everyone’s wishes?”

That was the final sentence of an

otherwise terse incident report from one of Thraikill’s students. She was treating an elderly patient who took a sharp turn for the worse after a hip fracture, and the man’s adult children were reluctant to face the gravity of his prognosis. The student was trying to offer neutral facts; the family wanted a promise of restoration.

“I wanted to say to them, ‘Your father is dying. He’s not going to walk again, he’s not going to eat again, he’s not going to do the things he used to do. He’s dying,’” the student said. But she didn’t say any of that to the patient’s family. Instead, she explained the technical details of the man’s care, which did little to help his family see the full truth of the situation.

In this gap, the space between medical fact — “he aspirates when ingesting solid food” — and human narrative — “he’s not going to do the things he used to do” — Thraikill sees a literary problem. People need stories to make sense of the world, especially in life-changing moments.

Helping physicians frame the story can have huge consequences for patients. Medicine isn’t mechanical, and the gray areas in a doctor’s world are vast. How do you balance quality of life against time? Or explain the pain and suffering of treatment against the odds of success? How do you keep a patient hopeful and motivated or gently awaken him to dimming prospects?

Those are deeply humanistic questions. And medical students not only grapple with profound drama, they often do it without ever knowing the outcome. Shifts end, patients are discharged, rotations change. Doctors are left without any sense of closure.

“They have this little portal into gargantuan human saga, tragedy and experience, and they don’t get to read to the end of the novel!” Thraikill said. “There’s almost never catharsis in the hospital.”

But there is almost always catharsis in literature, and Thraikill hopes a new generation of doctors will find their way to it.

— Eric Johnson '08

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Insights from the Reading Brain

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