

poem, when I need surgery. But I do want my anesthesiologist to have recognized the person in me. The tools of communication, in the short time we have to elicit trust and connection with our patient, can be enhanced by engaging with the humanities. “We have never lived enough,” writes Martha Nussbaum, but literature enables us to extend beyond our own selves, to better understand diverse experiences and lives (Love’s Knowledge: Essays on Philosophy and Literature. 1990).

As I struggled with the decision in the early 1990s to change my scholarly focus, I was buoyed by my service chief, Dr. Jeffrey Baden, who advised me to pursue my passion. When Dr. Ronald Pearl became chair of my department,

he supported me and the program I founded, Stanford Medicine & the Muse (asamonitor.pub/3G4CDAB). I hope you find, or become yourself, the necessary support. Medical humanities is a growing field; the expanding capabilities of medicine and its technology only create a greater need for attention to the humans in the room. Our journals, *Anesthesiology* (Mind to Mind section) and *Anesthesia & Analgesia* (The Human Experience section), among many medical journals, publish creative and reflective work. Writing groups, such as Writing Medicine, and literature and medicine discussion groups are good ways to network and support each other (asamonitor.pub/3PPg2LO). As you will read in this issue, anesthesiology students

and trainees are engaged with multiple facets of medical humanities.

I started with ducks but will end with my other experience in Memphis. We embody history: in our DNA, in our memory and language, in environmental and human records. As I looked at the balcony where Martin Luther King Jr. was assassinated, I felt as if my gaze arched to the past. Then the moment expanded, through the present and toward imagining the future. I thought about how Dr. King’s legacy endures, how his words continue to inspire and instruct.

Anesthesiologists have the expertise to shepherd patients through what would otherwise be unthinkable, to aid their healing and reunite patients with themselves and with their families. We bring

our patients to their futures. We have skills no one else in medicine has. The profound trust patients place in us, strangers to them, deserves thought and reflection. Medical humanities enables us to contemplate, honor, examine, and at times celebrate anesthesiology, because medical humanities illuminates what it means to be mortal, to be embodied, to be vulnerable. We may find, as did the supremely eloquent Dr. King, there are moments that “can only be articulated by the inaudible language of the heart” (asamonitor.pub/3hLxkwv). May we find a way forward, creating a stronger, more diverse community as we do, in our lives as anesthesiologists, with the tools, insights, and opportunities afforded by medical humanities and the arts. ■

Why an Anesthesiology Department Supports the Arts and Humanities

Ronald G. Pearl, MD, PhD, FASA

“Why should an anesthesiology department support the medical arts and humanities?” During my 22 years as chair of the Stanford Department of Anesthesiology, Perioperative and Pain Medicine, I was never asked this question, since the value of supporting these activities was obvious to the entire department. In this article, I will discuss some of the activities that our department has supported and then the benefits of incorporating the arts and humanities into an anesthesiology department.

For the past three decades, Dr. Audrey Shafer has been the driving force in developing an internationally recognized program at the intersection of the arts, humanities, and medicine, not only in our department but also throughout the medical school and Stanford University. After finishing anesthesia residency at the University of Pennsylvania, Dr. Shafer joined our department with the goal of an academic career in clinical care, education, and research. Although successful in clinical pharmacology research, her interests evolved toward the humanities, and she started publishing this work in both anesthesiology journals and human-

ities journals. She recognized that the arts and humanities are directly linked to our role as physicians, and her multiple peer-reviewed manuscripts, poems, and award-winning books explored various aspects of that interface. She created the Medicine & the Muse Program, described as “the home for the arts and humanities at the medical school, with programs that support diversity and integrate the arts and humanities into medical education, scholarly endeavors, and the practice of medicine.” She cofounded multiple programs in creative writing, including Pegasus Physician Writers, mentoring undergraduates, medical students, and



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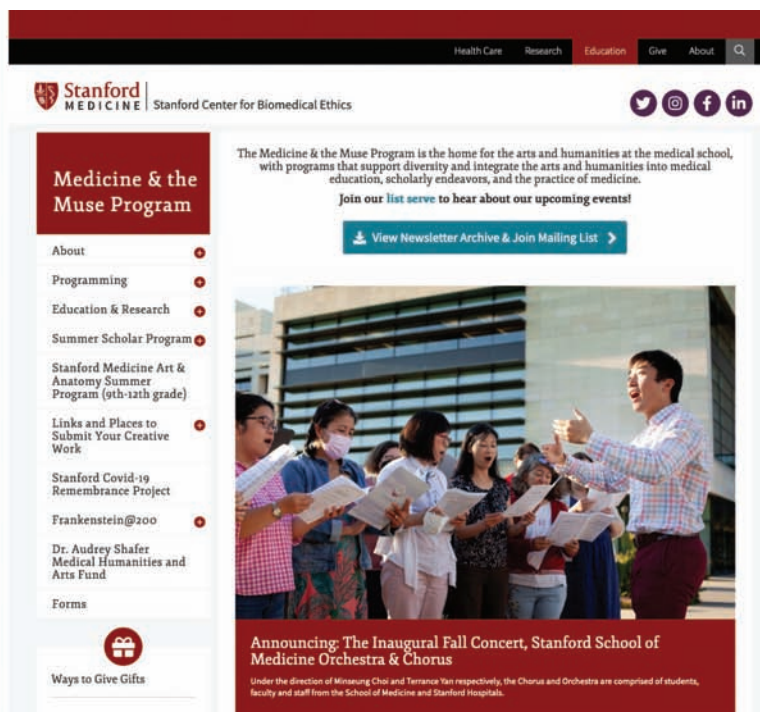
Dr. Richard K. and Erika N. Richards Professor, Department of Anesthesiology, Perioperative and Pain Medicine, Stanford University School of Medicine, Stanford, California.

residents to use stories to enhance their communication skills and build community. She recruited Laurel Braitman, a New York Times best-selling author, to Stanford, initially as a writer in residence and now as director of writing and storytelling. She also recruited Jacqueline Genovese (now the executive director of the Medicine & the Muse Program) to lead the literature in medicine program.

Dr. Shafer has received multiple teaching awards from medical students. Stanford medical students must choose a scholarly concentration, and Dr. Shafer served as co-director of the Biomedical Ethics and Medical Humanities concentration. During their clinical clerkships, medical students have designated days for reflection, and Dr. Shafer also co-directed this program. Within the anesthesiology department, Dr. Shafer collaborated with like-minded faculty, residents, and staff to create the annual arts and anesthesia soiree evenings, taught creative writing to residents and faculty, and moderated sessions on challenging ethical issues. Nationally, she has served on multiple editorial boards and boards of directors related to literature and the humanities. In 2007, Dr. Shafer was promoted to



Audrey Shafer, MD



help elucidate one's professional passions, remind individuals of their purpose, and offer space to work through the emotional challenges of anesthesiology, where the time to process our high-acuity practice is both a luxury and often unavailable. The efficacy in this approach is that it shifts the onus of wellness from the individual to the collective. Furthermore, many storytelling and writing opportunities inherently require an audience, and it is audiences who facilitate change and hold institutions accountable.

Beyond potential improvements on individual and collective well-being, medical humanities training, especially creative writing and speaking opportunities, supports a more informed population in matters of public health. Physicians and other dispensers of public health information who are able to share information in clear, accessible, and moving ways make for a lay public that is less vulnerable to medical misinformation. Physicians and other clinicians must learn to be engaging, agile, authentic communicators because

what is at stake is humanity's understanding of, and interest in, public health and medicine.

Where do we grow from here?

The power of stories is part of the human spirit and inextricable from the practice of medicine. Nearly every encounter with a patient – every preoperative consult and postoperative follow-up – is an opportunity to engage one's humanity and communicate authentically, persuasively, and vulnerably in support of a good outcome.

The medical humanities are merely another way of referring to a practice that excellent healers have done for millennia, that is connecting powerfully in high-stakes situations in which the pathway forward isn't always clear. We believe the incorporation of medical humanities tenets into medical training, department team-building, and faculty professional development can serve as a powerful tool to equip anesthesiologists to tackle the greatest challenge of our times: equity in all its forms. ■

Anesthesiology Department Support

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Professor in the University Medical Line, equivalent to the tenure line at peer institutions. Promotion in this line requires research that has significantly advanced the field, so her promotion confirmed that the arts and humanities are relevant fields of research for an anesthesiology department. The medical school has recently expanded its commitment to the arts and humanities by establishing the Dr. Audrey Shafer Medical Humanities and Arts Fund (asamonitor.pub/3INhLzM).

I have had the opportunity to participate in many of the above activities. The readings and group discussions on literature in medicine gave me a deeper appreciation of both the patient experience and the physician experience. Attending concerts expanded the benefits of being part of a major university. The year-long *Frankenstein@200* series of events made me reflect on the impact of technology and our interventions in the OR and the ICU. The university-wide COVID remembrance project made me remember the patients and their families I cared for in the ICU. The arts and anesthesia soirees showed me the talents of our residents, faculty, and staff in music, dance, writing, poetry, storytelling, photography, and even quilting and furniture-making and allowed me to know them on a more personal basis. Courses by our faculty, such as *Critical Illness Patients: Physicians and Society*, have emphasized the humanistic side of critical care. In this series of articles in the *ASA Monitor*, other members of the department will provide their personal accounts of these and other activities.

The arts and humanities are particularly relevant to us as anesthesiologists since the practice of anesthesiology can produce a feeling of isolation. In contrast to other medical specialties that involve continuous teamwork and prolonged periods of patient interaction, anesthesiologists may spend the majority of their time with a sedated or anesthetized patient and have extended periods with limited interaction with other health care providers.

Although the OR environment includes multiple people, the anesthesiologist may be isolated on the other side of the drapes. As physicians, our daily contributions to outstanding patient outcomes are professionally fulfilling, but as social beings, we need to share our experiences with others. The arts and humanities are an opportu-

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nity for us to achieve this critical goal. The practice of anesthesiology requires creativity, and the arts and humanities teach us to be creative. Finally, anesthesiologists deal with pain, suffering, and sometimes death, concepts that are explored in depth in the arts and humanities.

Some of the benefits of incorporating the arts and humanities in the department are listed below.

Recruitment of residents

Medical students greatly value the humanistic elements in the arts and humanities. In fact, the majority of medical students who apply to anesthesiology residency

have had accomplishments in areas such as music, literature, painting, photography, and dance, and they find that these areas of creative expression bring enhanced meaning to their lives. These medical students are interested in a career in a medical specialty that supports continuing involvement in these areas. Our departmental activities in the arts and humanities have been a major factor in recruiting medical students into our specialty, and connecting them with Dr. Shafer has helped recruit the best applicants to our department.

Retention of faculty

There is a high rate of burnout among anesthesiologists throughout the country, especially with the COVID pandemic and the current shortage of anesthesiologists. Although anesthesiologists find meaning in their profession, individual wellness requires involvement in other meaningful activities that refresh their lives. For many faculty, participation in the arts and humanities fulfills that need and allows them to continue their clinical, educational, academic, and administrative activities with greater enthusiasm. In addition, activities such as creative writing or discussion of relevant literature provide important perspectives on our clinical and academic roles, thereby enhancing career development and satisfaction.

Diversity, equity, and inclusion

Participation in the arts and humanities provides an opportunity for our departmental family, including faculty, trainees, and staff, to share their accomplishments and experiences. The resulting community enhances our commitment to DEI and helps promote activities to further our depart-

mental efforts in this area. Programs that combine diverse backgrounds and talents demonstrate the power of the arts to create community and commitment to diversity.

Connecting the department to the medical school and university

Although anesthesiologists are essential for surgery, deans and university leaders may not consider anesthesiology departments as essential to the educational and research missions of the school and the university. Other medical school departments such as medicine, pediatrics, and surgery do recognize the importance of the arts and humanities to their faculty and trainees, and the arts and humanities are obviously an essential component of the university. Therefore, having anesthesiology recognized as a leader in medical humanities elevates the status of the department throughout the medical school and university. Through her networking activities and programmatic contributions, Dr. Shafer has been an ambassador between the anesthesiology department and the medical school and university.

During the past three decades, Dr. Shafer has distinguished herself as a clinician, teacher, researcher, and leader. Her multiple activities in the arts and humanities in medicine, including directing the *Medicine & the Muse* Program at Stanford, her individual contributions in terms of poems, books, creative writing, and scholarly articles, and her extensive mentorship of undergraduate students, medical students, residents, fellows, and faculty, have made our department better in multiple ways. Our departmental investment in these programs has produced invaluable rewards. ■

Correction

In the February 2023 article “Caring for a Transgender Patient is More Than Using the Right Pronouns,” an error appeared in Figure 1. “Genderqueer” should have appeared as the definition of “identifies as neither gender, both, or a combination.” The *ASA Monitor* staff apologize for the error. The figure has been corrected in the online version of the article.