Medical Humanities and the Arts

The ABCs: Anesthesia, Books, and Connection

Paul W. Horak, MD

My interest in medicine was sparked not in a hospital, lab, or clinic but in a college seminar on East Asian literature and film.

There is a moving scene in Akira Kurosawa's 1965 film "Red Beard" in which the titular character, a physician, orders his resident, Yasumoto, to sit with a man as he dies. The man, a carpenter named Sahachi, recounts how his wife took her own life after an earthquake. Sahachi's story and death have a profound impact on Yasumoto. Previously unhappy to be working in a rural clinic, he finally puts on his physician's uniform and gets to work. Subsequent experiences at the clinic humanize and humble him. When he is offered his dream post as doctor to the shogun, he turns it down to remain with his rural patients.

I have been struck by just how much my immersion in the humanities – especially literature and film – has enriched and informed my training in medicine. My very first patient as a medical student was a true cinephile. He was admitted with dyspnea of unknown etiology. Despite aggressive treatments for idiopathic pulmonary fibrosis, he was discharged home on hospice, and I later learned passed peacefully there. In the course of checking in on him, we bonded over discussions ranging from which film was Hitchcock's best, to if Kurosawa was better than Ozu, or if "The Godfather" was more important than "Casablanca."

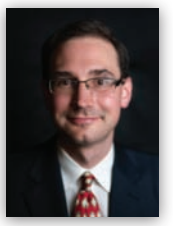
This patient's wife told me that our interactions were some of the moments that brought her husband the greatest joy toward the end of his life – and that he regretted never inviting me to their home to watch a film together. This encounter taught me the importance of connecting with patients around their passions. It also spurred me to volunteer at a community hospice. My most memorable hospice patient was actually an older writer with a zest for life and zeal for books. He was so fragile toward the end that I always worried he might trip over a pile of books.

My love for Japanese culture and a desire to learn more about the frail elderly brought me to Japan for a summer in medical school. There I worked with home care doctors to look after centenarians and their families. When you walk into someone's home, you see their whole life on display – family photographs, music records, ceramic collections – and you feel instantly more connected to them. I also had the opportunity to write short stories drawn from these encounters: reflecting and writing on these experiences has helped me to both process and sustain thoughtful, intentional medical practice.

For me, this summer not only reminded me of Kurosawa's "Red Beard" or Ozu's "Tokyo Story" – where home doctors play an important role – but also how complex people are. Patients are vast webs of pathology, physiology, culture, and connection. Those precious minutes before the start of a case are an opportunity to explore patient values, both medical and humanistic. Before seeing a patient, I try to imagine what their home might look like and remind myself that it is my job to get them back there safely. It is one of the great joys and challenges in anesthesiology that our time with patients is short and impactful – the words we share can bring comfort to a person on one of the most important days of their life.

This impact can be seen from the delivery room to the OR, the pain clinic to the ICU. As an intern, it has been in the ICU where I have had to deliver the most bad news – and where I have also most called on my interest in the humanities. Among all the lines and pressors, I have been confronted with the fragility of the human condition. There have been times when I felt like Kurosawa's Yasumoto, made to bear witness to suffering. But in talking with patients and their families about their interests, cultures, languages, and religions – essentially what makes them *human* – I have come to learn what most matters to them and how to best guide their care. ■

A scene from the 1965 Akira Kurosawa film "Red Beard," ACMI Collections/NFVLS.



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The Pulse

A Case for Whole Blood Resuscitation

Kelly Wolfgang

"When patients are bleeding, they're bleeding whole blood. We need to give them back what they're bleeding." It's a simple concept, but one that hasn't been widely used since blood component therapy became the norm during the Vietnam War. For Justin Richards, MD, and a growing number of whole blood resuscitation advocates around the country, giving patients whole blood during trauma could be the key to better outcomes. Dr. Richards is Associate Professor of Anesthesiology and Critical Care Medicine at the University of Maryland School of Medicine Division of Trauma Anesthesiology, and Associate Medical Director of the Trauma Resuscitation Unit at the R Adams Cowley Shock Trauma Center.

History of blood resuscitation

Blood resuscitation practices are often influenced by the military, according to Dr. Richards. Wars are at the center of trauma and can act as an informant for the best and most efficient care practices for the general

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