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All creatures great and small

"...I looked into his eyes
 which were far larger than mine
 but shallower, and yellowed,
 the irises backed and packed
 with tarnished tinfoil
 seen through the lenses
 of old scratched isinglass.
 They shifted a little, but not
 to return my stare.
 —It was more like the tipping
 of an object toward the light..."

Elizabeth Bishop, "The Fish"

My eye surgeon's eye hovers above mine. He holds a hook under the medial rectus muscle on the nasal side of my left eye as he adjusts the sutures from my surgery. Caught in his snare I cannot move my head, cannot blink. I see his variegated iris contracting, feel his breath on my cheek, his eye looking into the recesses of my own eye, but we are not looking at one another. In a moment, though, like a phase change, I allow myself to look at him—and I become, suddenly, a voyeur. For he cannot see me looking back.

When the procedure is complete I sit up and wipe the tears from my face, the rough tissue stained yellow with fluorescein drops. I turn to my surgeon and ask if, while he is doing procedures, he sees the eye as a seeing eye. Does he see me looking back at him? His eyes widen and he looks at me without speaking for a few moments. "I never thought about it", he replies. When I return a week later, he tells me that my question stuck with him. "I was in the middle of a procedure on another patient and abruptly the eye switched"—he makes a flipping motion with his hands—"it was looking back at me". Seeing the eye as a seeing, sentient eye was so disconcerting, he explains, that he had to move to the other side of the chair and rearrange the instrument trays to finish the procedure outside of his patient's field of view.

We laugh about it together, but I worry. He is a wise and gifted surgeon. People travel great distances to see him. What if I infected him with self-consciousness, like Los Angeles Dodgers' second baseman Steve Sax, who bumbled a throw and lost his nerve? Sax kept flubbing, came down with a bad case of what came to be known in the sport as "Steve Sax Syndrome". Could I have released such a contagion?

As a patient, looking back feels subversive. The doctor is supposed to do the looking. The clinician's gaze is one of knowing, diagnosing, charting, coding, and treating. It marshals squadrons of checkboxes in the electronic medical record, platoons of diagnostic summaries and ICD-10 codes, and an entire army of institutional authority. In returning my surgeon's gaze, I feel a giddy freedom. I think of Anatole Broyard's essay, "The Patient Examines the Doctor", in which he describes his physicians with an exuberant

irreverence: "While [my doctor] inevitably feels superior to me because he is the doctor and I am the patient", Broyard writes, "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."

Medical students I teach are often intrigued by Broyard's dance of fantasy and reality, but many squirm and scowl, complaining that he is being "unreasonable". Scrutinised like paramecia under the microscope of medical education, cilia flailing, these students feel overworked, rated and judged, desexualised, routinely pushed against the sharp edges of their own ignorance, like Bishop's fish with the "frightening gills, / fresh and crisp with blood, / that can cut so badly". As these students protect their own vulnerability, they mould an invisible shield against their future patients.

Yet these days they are taught to treat patients with respect and compassion. Professionalism, it is called. Evidently there are tips and tricks to behaving like a human. Sit down when you enter the exam room. Address people respectfully. And do not just stare at the computer; meet the patient's gaze. But is it a true look? If we can teach these habits, are we simply training our doctors to form a carapace of kindly behaviour without the meat, the substrate of understanding—the coarse white flesh / packed in like feathers—the fundamental challenge of truly beholding another being? Broyard describes the illusion of an empathic gaze: "One doctor I saw had a trick way of almost crossing his eyes, so he seemed to be peering warmly, humanistically, into my eyes, but he wasn't seeing me at all. He was looking without looking." Others, Broyard writes, look at their patients in an unfocused manner: "They look all around you, and you are a figure in the ground. You are like one of those lonely figures in early landscape painting, a figure in the distance only to give scale. If he could gaze directly at the patient, the doctor's work would be more gratifying."

The so-called medical gaze has itself long been studied and theorised. In his study of late 18th-century medical practice in France, Michel Foucault describes the evolution of what he terms the "loquacious gaze", focused on the "poisonous heart of things". This is a medical gaze infiltrating the invisible; it is a way of knowing which penetrates and opens the secrets of nature. Looking and seeing within the body is, inevitably, an expression of power.

I want to upset the power relation, I realise. I want to reverse the gaze, turn the shining, observing light in the other direction. My enlightened eye surgeon trails a fleet of trainees and observers in formation behind him. When he uses the transilluminator, with its pinpoint of light on an angled metal beak, he always tests it on his palm first to

make sure it is set to a low intensity. One day, he hands it to one of his medical students, tells her to examine me and turns away to consult with the fellows. She holds it gingerly, sets it at full strength, and shines it in my eyes from a distance of a few inches. As I blink against the shifting purple geometry I still my hand against taking the instrument and turning the light towards her eyes. The device is so close, I could easily grasp it. But I know it is not my place to turn the gaze on her.

How, then, do we look back? Several years ago I accompanied a friend on an unhappy shopping trip to visit oncologists. The gentle and highly regarded one we loved was not covered by my friend's insurance, so we visited the colleague she suggested. We did not love this second doctor, but we needed to respect her. The new oncologist sat with a preternatural stillness, wore a white coat taut as a paper doll's, her glossy black bangs trimmed with impeccable linearity. This is all my friend can talk about after the visit: "Can you believe those bangs!" We speculate that she spends hours in front of the mirror, snipping a millimetre here and there. We avoid any talk of cancer survival statistics, since my friend does not want to know those numbers, those graphs, that cruel geometry. For now she can only see what is right in front of her eyes, stepping warily along one axis.

Are clinicians aware of our gaze? Sometimes, to be sure. A contemplative internist tells me that he is intrigued by people's attentiveness to their doctors: "For a long time I've been struck by how much patients comment on my appearance—You look tired, your hair is long, your hair is short, is that a new tie?—it really goes on and on", he reports. He recalls his own recent knee surgery and his vivid memory of the anaesthesiologist's arm, covered in tattoos, as he was inserting the IV. "Do doctors think about how much they are scrutinised?", he asks.

Some doctors are aware, it seems. A Manhattan neurologist specialising in memory disorders explains that in her practice personal contact and mutual observation is vital. Her patients often comment on her clothing, her office. When they complained that they could not see her face as she was typing in the electronic medical record she moved the monitor and shifted her seat. But then they protested that she was too far away, so she began to sit forward, setting the monitor at an angle towards the desk. "Now most people are happy most of the time", she says, laughing. For people need to see and be seen.

This neurologist brings her dogs to her clinic every day, and I wonder how patients see and observe them; are they an extension of you, I ask? "Well", she said, "yes, patients have lots of opinions about the dogs, and they don't hesitate to share them with me. But, I will tell you about one patient who had a brain tumour. I had to tell him that he was going to die from the brain tumour. He had just come in from a really rainy day outside, and his feet were completely wet, and he must have taken off his shoes.



Danielle Spencer

So then he came back 2 weeks later and I was asking him, how did you feel, how are you doing?—and he said that the thing he remembered the most from that visit was that he had taken off his shoes and his socks were wet, and when I was giving the news, Max, my old dog—since dead—Max somehow sensed what was happening, and went and sat on my patient's wet feet, and just looked up at him. And that's what he remembers. And"—she continued—"you know, my dog Max was not a sainted dog by any means, but apparently he was capable of a transcendental moment".

What do we observe, then? What do we remember? A living being looking steadily back at us? A kinder, gentler Cerberus? For in the end, we want to see and be seen, with attentiveness and humility—to express in the act of looking the shared act of living, in its glorious perplexity. Is that not what all of us, all creatures great and small, seek in one another?

...I stared and stared
and victory filled up
the little rented boat,
from the pool of bilge
where oil had spread a rainbow
around the rusted engine
to the bailer rusted orange,
the sun-cracked thwarts,
the oarlocks on their strings,
the gunnels—until everything
was rainbow, rainbow, rainbow!
And I let the fish go.

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Further reading

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