

**INTOXICATED
BY MY
ILLNESS**

And Other Writings
on Life and Death

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PART THREE

**THE PATIENT
EXAMINES
THE DOCTOR**



I WANT TO BEGIN by confessing that I'm an impostor. I have had almost no relationship with doctors. Although I'm sixty-nine years old, I've only been sick once before in my life. I had a mysterious illness with a fever of 107 degrees, the highest fever ever recorded for a surviving adult in St. Vincent's Hospital, where Dylan Thomas died. I had a very curious relationship with the doctors. They came in groups of six. They seemed to be attached to each other like Siamese sextuplets. They looked at me. They shook their heads, and they left me lying in a pool of sweat. I was never diagnosed.

At that time, I was giving poetry lessons to an insane millionaire who had endowed a room at another hospital. I had myself moved to that hospital, where I had a refrigerator, push buttons, visits from women, and I recovered. So I know very little about the doctor-patient relationship, but I'm going to project an ideal, a foolish doctor-patient relationship, the sort of thing that, say, Madame Bovary expected from Rodolphe—a love affair with a doctor.

When in the summer of 1989 I moved from Connecticut to Cambridge, Massachusetts, I found that I couldn't urinate.

I was like Portnoy, in *Portnoy's Complaint*, who couldn't fornicate in Israel. I had always wanted to live in Cambridge and I was almost persuaded that I couldn't urinate because I was surprised by joy, in C. S. Lewis's phrase. Like Israel for Portnoy, Cambridge was a transcendent place for me.

When my inhibition persisted, I began to think about a doctor, and I set about finding one in the superstitious manner most people fall back on in this situation. I asked a couple I knew for a recommendation. To be recommended gives a doctor an aura, a history, a shred of magic. I thought of my disorder as a simple case—prostatitis is common in men of my age—but I still wanted a potent doctor.

I applied to this particular couple for a recommendation because they are the two most critical people I know: critics of philosophy, politics, history, literature, drama, and music. They are the sort of people for whom information is a religion. They hold Ph.D.'s in at least two fields, and the rigor of their conversation is legendary. To talk with them is an ordeal, a fatigue of fine distinctions, and I wanted a doctor who had survived such a scrutiny. I, too, believe in the magic of criticism.

They could only give me the name of their internist: They didn't know a urologist. Though they are older than I am, the austerity of their lives seems to have protected them from urological complaints. I called their physician, and he referred me to a urologist. The recommendation was diluted, but it was better than none and I made an appointment to see this urologist in a local hospital.

The visit began well. The secretary was attractive, efficient, and alert. She remembered my name. I was shown into a pleasant office and told that the doctor would be with me in a few minutes.

While I waited I subjected the doctor to a preliminary semiotic scrutiny. Sitting in his office, I read his signs. The diplomas I took for granted: What interested me was the fact that the room was furnished with taste. There were well-made, well-filled bookcases, an antique desk and chairs, a reasonable Oriental rug on the floor. A window opened one entire wall of the office to the panorama of Boston, and this suggested status, an earned respect. I imagined the doctor taking the long view out of his window.

On the walls and desk were pictures of three healthy-looking, conspicuously happy children, photographed in a prosperous outdoor setting of lawn, flowers, and trees. As I remember, one of the photographs showed a sailboat. From the evidence, their father knew how to live—and, by extension, how to look after the lives of others. His magic seemed good.

Soon the doctor came in and introduced himself. Let's go into my office, he said, and I realized that I had been waiting in the office of someone else. I felt that I had been tricked. Having already warmed to the first doctor, I was obliged to follow this second man, this impostor, into another office, which turned out to be modern and anonymous. There were no antiques, no Oriental rug, and no pictures that I could see.

From the beginning I had a negative feeling about this

doctor. He was such an innocuous-looking man that he didn't seem intense enough or willful enough to prevail over something powerful and demonic like illness. He was bland, hearty, and vague, polite where politeness was irrelevant. I felt that he would be polite even to my illness, whatever it might be. He reminded me of a salesman, with nothing to sell but his inoffensiveness. I didn't like the way he spoke: It struck me as deliberately deliberate, the speech of a man fixed in a pose, playing doctor. There was no sign of a tragic sense of life in him that I could see, no furious desire to oppose himself to fate. I realized, of course, that what I was looking for was unreasonable, that I was demanding nothing less than an ideal doctor. I sat there in this poor man's office and compared him to a heroic model I had summarily imagined.

In the end it didn't matter whether my reading of this particular doctor was just or unjust—I simply couldn't warm up to him. Choosing a doctor is difficult because it is our first explicit confrontation of our illness. "How good is this man?" is simply the reverse of "How bad am I?" To be sick brings out all our prejudices and primitive feelings. Like fear or love, it makes us a little crazy. Yet the craziness of the patient is part of his condition.

I was also aware of a certain predisposition in myself in favor of Jewish doctors. I thought of them as the troubleshooters—the physicians, lawyers, brokers, arbiters, and artists—of contemporary life. History had convinced them that life was a disease. My father, who was an old-fashioned Southern anti-Semite, insisted on a Jewish doctor when he developed

cancer of the bladder. A Jewish doctor, he believed, had been bred to medicine. In my father's biblical conception, a Jew's life was a story of study, repair, and reform. A Jewish doctor knew what survival was worth because he had had to fight for his. Obligated to treat life as a business rather than a pleasure, Jews drove hard bargains. To lose a patient was bad business. In his heart I think my father believed that a Jewish doctor was closer to God and could use that connection to "Jew down" death.

This other, all-too-human doctor took me into an examining room and felt my prostate. It appeared to me that he had not yet overcome his self-consciousness about this procedure. Back in his office, he summed up his findings. There were hard lumps in my prostate, he said, which suggested tumors, and these "mandated" further investigation. He used the word "mandated" twice in his summary, as well as the word "significantly."

You don't really know that you're ill until the doctor tells you so. When he tells you you're ill, this is not the same as giving you permission to be ill. You eke out your illness. You'll always be an amateur in your illness. Only you will love it. The knowledge that you're ill is one of the momentous experiences in life. You expect that you're going to go on forever, that you're immortal. Freud said that every man is convinced of his own immortality. I certainly was. I had dawdled through life up to that point, and when the doctor told me I was ill it was like an immense electric shock. I felt galvanized. I was a new person. All of my old trivial

selves fell away, and I was reduced to essence. I began to look around me with new eyes, and the first thing I looked at was my doctor.

I had no reason to believe that he was not good. He was in a good hospital. He was one of the major urologists there, and yet I continued to observe him with something like displeasure. He proposed to do a cystoscopy on me. He said he wanted to examine the architecture of my bladder. I pondered the word "architecture." Was it justified, or was he being pretentious? Was he trying to accommodate himself to my vocabulary by talking about the architecture of the bladder as though it had a vault like a cathedral, a timbered vault, a fan vault? I thought, I can't die with this man. He wouldn't understand what I was saying. I'm going to say something brilliant when I die.

But he was the only urologist I knew in Cambridge, and so, a few days later, I allowed him to perform a cystoscopy on me, a procedure in which a small scope was inserted through my urethra up to my prostate and bladder. During surgical procedures, doctors wear a tight-fitting white cap, a sort of skullcap like the one Alan Alda wears on *M*A*S*H*. To this my doctor had added what looked like a clear plastic shower cap, and the moment I saw him in these two caps, I turned irrevocably against him. He wore them absolutely without inflection or style, with none of the jauntiness that usually comes with long practice. Now, I think a doctor who has been around, he knows how to do these things. There was no attempt to mitigate the two caps. The first was like a condom

stuck on his head. He didn't look good in it. He had a round face, and in the cap he looked confused and uncertain. He wore it like an American in France who affects a beret without understanding how to shape or cock it. To my eyes this doctor simply didn't have the charisma to overcome or assimilate those caps, and this completed my disaffection.

I want to point out that this man was in all likelihood an able, even a talented, doctor. Certainly I'm no judge of his medical competence, nor do I mean to criticize it. What turned me against him was what I saw as a lack of style or magic. I realized that I wanted my doctor to have magic as well as medical ability. It was like having a *lucky* doctor. I've described all this—a patient's madness—to show how irrational such transactions are, how far removed from any notion of dispassionate objectivity. To be sick is already to be disordered in your mind as well. Still, this does not necessarily mean that I was wrong to want to change doctors: I was simply listening to my unconscious telling me what I needed. I feel that my absurdity is part of myself. I have to accommodate it. I wanted a doctor who would answer to my absurdity and triumph over it.

I think that if a man should ever give in to his prejudices, it's when he's ill. I used to teach a kind of literary sociology at the New School for Social Research in New York, and I used to say to my students, "For God's sake, cling to your prejudices. They're the only tastes you've got." I don't mean racial prejudices. I mean all prejudices, instinctive likes and dislikes. I'm convinced that my prejudice in the matter of

medicine reflects the intelligence of my unconscious, and so I go with it. I need my prejudices. They're going to save me.

Now that I know I have cancer of the prostate, the lymph nodes, and part of my skeleton, what *do* I want in a doctor? I would say that I want one who is a close reader of illness and a good critic of medicine. I cling to my belief in criticism, which is the chief discipline of my own life. I secretly believe that criticism can wither cancer. Also, I would like a doctor who is not only a talented physician, but a bit of a metaphysician, too. Someone who can treat body and soul. There's a physical self who's ill, and there's a metaphysical self who's ill. When you die, your philosophy dies along with you. So I want a metaphysical man to keep me company. To get to my body, my doctor has to get to my character. He has to go through my soul. He doesn't only have to go through my anus. That's the back door to my personality.

I would hope that my doctor's authority and his charisma might help to protect me against what the anthropologist Richard Shweder calls "soul loss," a sense of terrible emptiness, a feeling that your soul has abandoned your ailing body like rats deserting a sinking ship. When your soul leaves, the illness rushes in. I used to get restless when people talked about soul, but now I know better. Soul is the part of you that you summon up in emergencies. As Mr. Shweder points out, you don't need to be religious to believe in souls or to have one.

The mechanics of diagnosis are mostly done, in my

ignorant opinion, by technicians. The technicians bring in the raw material. The doctor puts them into a poem of diagnosis. So I want a doctor with a sensibility. And that seems almost like an oxymoron, a contradiction in terms. A doctor is a man of science. Imagine having Chekhov, who was a doctor, for your doctor. Imagine having William Carlos Williams, who was a poet, or Walker Percy, who's a novelist, for your doctor. Imagine having Rabelais, who was a doctor, as your physician. My God, I could conjure with him!

Inside every patient there's a poet trying to get out. For the sick man, distance lends enchantment to life. His sickness supplies the "dissociation of sensibility" that T. S. Eliot saw as the source of modern poetry. The sick man's story and his perceptions are part of "the literature of extreme situations," a phrase that was in vogue in the 1950s and that still applies today. My ideal doctor would "read" my poetry, my literature. He would see that my sickness has purified me, weakening my worst parts and strengthening the best.

I don't see any reason why doctors shouldn't read a little poetry as part of their training. Dying or illness is a kind of poetry. It's a derangement. In literary criticism they talk about the systematic derangement of the senses. This is what happens to the sick man. So it seems to me doctors could study poetry to understand these dissociations, these derangements, and it would be a more total embracing of the patient's condition.

Of course, we used to have a priest to sit by the bedside and provide these services. Priests were learned men, so that

when you said something they perhaps understood the scope of what you were saying, and then we were promised a kind of heaven or hell afterward. Once we had a narrative of heaven and hell, but now we make our own narratives. I'm making my own narrative here and now. Yet the real narrative of dying now is that you die in a machine. Kafka has a wonderful story called "The Penal Colony" in which a criminal is put in a machine that inscribes on his body with a needle the nature of his crime. We die through these machines, and that's not the right way.

I would like my doctor to understand that beneath my surface cheerfulness, I feel what Ernest Becker called "the panic inherent in creation" and "the suction of infinity." When he says, "You have prostate cancer. It has gone beyond the prostate into the rind. I think it's probably in the lymph nodes. It may be in the tailbone." Then the panic inherent in creation immediately rises up before you. I would like him to know what I mean if I told him that, like Baudelaire, "I cultivate my hysteria with joy and terror." Or if I said, like Hamlet to Horatio, "I may think meet to put an antic disposition on." My friends flatter me by calling my performance courageous or gallant, but my doctor should know better. He should be able to imagine the aloneness of the critically ill, a solitude as haunting as a Chirico painting. I want him to be my Virgil, leading me through my purgatory or inferno, pointing out the sights as we go.

My ideal doctor would resemble Oliver Sacks. I can imagine Dr. Sacks *entering* my condition, looking around at

it from the inside like a kind landlord, with a tenant, trying to see how he could make the premises more livable. He would look around, holding me by the hand, and he would figure out what it feels like to be me. Then he would try to find certain advantages in the situation. He can turn disadvantages into advantages. Dr. Sacks would see the *genius* of my illness. He would mingle his daemon with mine. We would wrestle with my fate together, like Rupert and Birkin in the library in D. H. Lawrence's *Women in Love*.

In Oliver Sacks's book on hearing loss, *Seeing Voices*, he says that signing is infinitely more expressive than speech. Speech is riddled with clichés, but signing, he says, "can evoke a concreteness, a vividness, a realness, an aliveness that spoken languages, if they ever had, have long since abandoned." Once, walking along Madison Avenue, I saw two men. They happened to be black men signing to one another. It was gorgeous. It was like a dance by Merce Cunningham. A third man joined in. They were arguing. I could tell that the third man was Latin American because there was a lot of mambo in his signing.

To the typical physician, my illness is a routine incident in his rounds, while for me it's the crisis of my life. I would feel better if I had a doctor who at least perceived this incongruity. I don't ask him to love me—in fact, I think the role of love is greatly exaggerated by many writers on illness. Sick people can get sick of a love that has to be purchased for the occasion like flowers or candy brought to the hospital. Those

flowers smell of pity, and only children can eat so much candy. Of course you want your family and close friends to love you, but the situation shouldn't become a hunting season for love or a competition, a desperate kiss before dying. To a critically ill person love may begin to resemble an anesthetic. In a novel by Joy Williams called *State of Grace*, a character says, "There must be something beyond love. I want to get there." The sick man has got there: He's at a point where what he wants most from people is not love but an appreciative critical grasp of his situation, what is known now in the literature of illness as "empathetic witnessing." The patient is always on the brink of revelation, and he needs an amanuensis.

I see no reason or need for my doctor to love me—nor would I expect him to suffer with me. I wouldn't demand a lot of my doctor's time: I just wish he would *brood* on my situation for perhaps five minutes, that he would give me his whole mind just once, be *bonded* with me for a brief space, survey my soul as well as my flesh, to get at my illness, for each man is ill in his own way.

I think that the doctor can keep his technical posture and still move into the human arena. The doctor can use his science as a kind of poetic vocabulary instead of using it as a piece of machinery, so that his jargon can become the jargon of a kind of poetry. I see no reason why he has to stop being a doctor and become an amateur human being. Yet many doctors systematically avoid contact. I don't expect my doctor to sound like Oliver Sacks, but I do expect some willingness to make contact, some suggestion of availability.

I would also like a doctor who *enjoyed* me. I want to be a good story for him, to give him some of my art in exchange for his. If a patient expects a doctor to be interested in him, he ought to try to *be* interesting. When he shows nothing but a greediness for care, nothing but the coarser forms of anxiety, it's only natural for the doctor to feel an aversion. There is an etiquette to being sick. I never act sick with my doctor. As I've said, I have been accelerated by my illness, and when my doctor comes in, I juggle him. I toss him about. I throw him from hand to hand, and he hardly knows what to do with me. I never act sick. A puling person is not appealing.

I have a wistful desire for our relationship to be beautiful in some way that I can't quite identify. A famous Surrealist dictum says that "Beauty is the chance meeting, on an operating table, of a sewing machine and an umbrella." Perhaps we could be beautiful like that. Just as he orders blood tests and bone scans of my body, I'd like my doctor to scan *me*, to grope for my spirit as well as my prostate. Without some such recognition, I am nothing but my illness.

While he inevitably feels superior to me because he is the doctor and I am the patient, 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. Finally, I would be happier with a witty doctor who could appreciate the comedy as well as the tragedy of my illness, its quirks and eccentricities, the final jokes of a personality that has nothing further to lose.

I find an irresistible desire to make jokes. When you're lying in the hospital with a catheter and IV in your arm, you have two choices, self-pity or irony. If the doctor doesn't get your ironies, who else is there around?

I was in a hospital room in Brigham. I was there because my catheter kept blocking. When you have a biopsy, a scab forms, and then afterward the scab breaks off, and sometimes bleeding resumes. There are clots, and the clots choke the catheter. The ordinary catheter is about the size of a soda straw. The catheter they put in me was like a garden hose. I was not comfortable.

Finally, they took out the catheter and they said, Now you'll be able to pee again. After a while I felt this Niagara-like rush mounting in me, like the rush of orgasm which you hear approaching in the distance. I leapt out of bed. I did a skip and sprinted toward the bathroom. I didn't make it. I splashed urine and blood all over the floor. My roommate, the hoodlum, who has drawn blood in anger, jumped out of bed with an expression of horror. He began mopping up the floor with a sheet. Illness is not all tragedy. Much of it is funny.

When we are seriously ill we bring our records, our medical histories, from our personal physicians to the specialist to whom we have been referred. This may tell him more about us—which vulnerabilities we have shown in the past and which capacities for resistance. The specialist learns what kind of body or system he is dealing with. He gets information that his own examination and all the machines in the hospital

may not be able to give him. Since so many patients have been psychoanalyzed, or have undergone psychotherapy of some kind, I wonder whether they shouldn't bring to the specialist a brief summation of these findings, too, so that this new doctor knows *whose* body he's treating and what its spiritual composition is. How can a doctor presume to cure a patient if he knows nothing about his soul, his personality, his character disorders? It's all part of it.

When I was in my early twenties, I remember going to the therapist Ernst Schachtel and talking and talking and talking, and one day he said to me, "But what is it you want, Mister Broyard? What is it you want?" And I said, "I want to be transfigured." Well, the transfiguration is part of it. It's part of the physical, too, and I wanted to bring to my urologist the message that I wanted to be transfigured, partly by him. Why couldn't he do it, this elegant man with the tassels on his shoes? Proust said that his doctor did not take into account the fact that he had read Shakespeare. That, after all, was part of his illness. I think being a literary critic is highly carcinogenic. Have there been any studies?

Since technology deprives me of the intimacy of my illness, makes it not mine but something that belongs to science, I wish my doctor could somehow repersonalize it for me. It would be more satisfying to me, it would allow me to feel that I *owned* my illness, if my urologist were to say, "You know, you've worked this prostate of yours pretty hard. It looks like a worn-out baseball." Nobody wants an anonymous

illness. I'd much rather think that I brought it on myself than that it was a mere accident of nature. In *The Sorcerers of Dobu*, Reo Fortune pointed out that each man in the Dobuan tribe "owned" several diseases, such as tertiary yaws, incontinence of semen, and elephantiasis of the scrotum. These were his patrimony, which he used as curses or weapons in defending himself against his enemies. If I "own" my disease, perhaps I too can conjure with it, even use it against itself.

It is only natural for a patient to feel some disgust at the changes brought about in his body by illness, and I wonder whether an innovative doctor couldn't find a way to reconceptualize this situation. For example, when we are caught up in sexual desire we lose much of our squeamishness about the body, and perhaps there is some way for the doctor to enable the patient to sexualize his illness, to treat it rather like a metasexual encounter, or even a grand masturbation, that has gone wrong or too far. The reconciling metaphor needn't be sexual. The doctor could use almost anything: "Art burned up your body with beauty and truth." Or "You've spent your self like a philanthropist who gives all his money away." If the patient can feel that he has *earned* his illness—that his sickness represents the grand decadence that follows a great flowering—he may look upon the ruin of his body as tourists look upon the great ruins of antiquity. Of course I'm offering these suggestions playfully, not so much as practical expedients but as experiments in thinking about medicine. Just as researchers play with possibilities in laboratories, medical thinking might benefit from more free association.

Physicians have been taught in medical school that they must keep the patient at a distance because there isn't time to accommodate his personality, or because if the doctor becomes *involved* in the patient's predicament, the emotional burden will be too great. As I've suggested, it doesn't take much time to make good contact, but beyond that, the emotional burden of *avoiding* the patient may be much harder on the doctor than he imagines. It may be this that sometimes makes him complain of feeling harassed. A doctor's job would be so much more interesting and satisfying if he simply let himself plunge into the patient, if he could lose his own fear of falling.

The connotation of going beyond the science into the person is all I'm asking—that there be a sign of willingness, more than a kind of Pascal-like dialogue, which is too much to ask. It could be done almost in pantomime. There is the way a doctor looks at you. 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. I never felt that I contacted him. When I went to Schachtel for psychotherapy, instead of having me lie on a couch so that I was looking at the ceiling with him behind me, he sat across a table and we talked. He did not wish to make any eye contact because he felt if we did that while I was talking, his eyes would show, or I would imagine they were showing, approval or disapproval. So for fifty minutes while I talked he avoided my eyes.

And if our eyes did meet he would start back as though I had touched him in the genitals. I think doctors have something like this, a systematic avoidance of that click of contact.

Other doctors give you a generic, unfocused gaze. They look at you panoramically. They don't see you in focus. 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. Why bother with sick people, why try to save them, if they're not worth acknowledging? When a doctor refuses to acknowledge a patient, he is, in effect, abandoning him to his illness.

A hospital is full of wonderful and terrible stories, and if I were a doctor I would read them as one reads good fiction and let them educate me. I'll give just one example of what I mean. A friend of mine, a writer, was dying in a hospital of lung cancer, and before he died he wanted to marry the woman he had been living with. It was not exactly a sentimental gesture; they had ceased being lovers and had become roommates. But he wanted to leave her his apartment, which was rent-controlled. He felt that she deserved it for her faithful attendance at the hospital and it was only by marrying her that he could pass it on.

He had told me this before he lost the power of speech as the result of a stroke suffered during an exploratory operation. He had also specified that I was not to arrange the

marriage until I saw that his case was hopeless. When I saw his time approaching, I went out as he had asked me to and found a rabbi. The rabbi was a rather fussy intellectual with a university air, and he quizzed me at length about my friend's religious convictions. I could say only that he had written exclusively about Jewish characters and the kind of sorrows traditionally associated with them. He asked me whether the bride was a practicing Jew, and I replied that, in my opinion, she practiced unconsciously.

Grudgingly the rabbi agreed to come to the hospital and perform the ceremony. My friend was in a ward with eight beds. The other seven were occupied by Latin Americans, and salsa blared from their radios all day long. There was a continual stream of visitors, all speaking Spanish at top speed.

The rabbi was upset by the salsa, but he pulled the curtains around the bed and began the ceremony. He had been chanting in Hebrew for only a minute or two when a young doctor who had been treating my friend burst through the curtains. He seemed to think that we were encroaching on his jurisdiction, although we had already been granted permission by the head of the ward. When he understood that a wedding was taking place, the doctor leaned over my friend, who had been speechless for more than two weeks, and asked him in a loud, hectoring voice, "Do you love this woman? Do you want to marry this woman?"

Here was a doctor intervening in someone's life without understanding anything about it. If he had known his patient, he might have appreciated the pathos of the scene, for which

the salsa supplied an obbligato. But he saw nothing, understood nothing.

In her essay "On Being Ill," Virginia Woolf wondered why we don't have a greater literature of illness. The answer may be that doctors discourage our stories.

Applying to other friends, following new recommendations, I found another urologist. He's brilliant, famous, a star, and my response to him was so positive that my cancer immediately went into remission. My only regret is that he doesn't talk very much—and when he does, he sounds like everybody else. His brilliance has no voice, at least not when he's with me.

This doctor is the most famous authority on the prostate in Cambridge, Massachusetts, which is crowded with doctors. He knows all there is to know about the prostate, but I cannot sit down and have a talk with him about it, which I find a very great deprivation. I remember a wonderful novel called *The Dogs of March* in which a character was a mechanic and had a son who wasn't interested in what he was interested in. At one point he said, "It is one of the great hopes of my life that someday my son and I can sit down and have a long talk about tires, automobile tires." I would like to sit down with my doctor and talk to him about the prostate. What a curious organ. What can God have been thinking when he designed it this way? I would like to have a meditation, a rumination, a lucubration, a bombination, about the prostate. I can't do

it. I'm forced to stop people on the street and talk to them about it.

There's a paradox here at the heart of medicine, because a doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity that compensates us for all the speechless machines. When a doctor makes a difficult diagnosis, it is not only his medical knowledge that determines it but a voice in his head. Such a diagnosis depends as much on inspiration as art does. Whether he wants to be or not, the doctor is a storyteller, and he can turn our lives into good or bad stories, regardless of the diagnosis. If my doctor would allow me, I would be glad to help him here, to take him on as *my* patient.

Although I don't expect to die for some time, my urologist is young and I see us as joined till death do us part. We will go through this together. Sometime in the future, in the neighborhood of years, when my doctor's hair has turned gray and he has had intimations of mortality, I'll die with him. Since I think of him as a star, I will not "fall as apples fall, without astronomy," as Wallace Stevens put it. We are what the French call *un couple malade*, a marriage of doctor and patient. Perhaps later, when he is older, he'll have learned how to converse. Astute as he is, he doesn't yet understand that all cures are partly "talking cures," in Freud's phrase. Every patient needs mouth-to-mouth resuscitation, for talk is the kiss of life. Besides talking himself, the doctor ought to bleed the patient of talk, of the consciousness of his illness, as earlier

physicians used to bleed their patients to let out heat or dangerous humors.

Yet it's too easy to accuse the doctor, to blame the absence of natural talk on him. It's also true that much of what the patient asks is ineffable. Even Chekhov would be hard put to answer him. For example, I would like to discuss my prostate with my urologist not as a diseased organ but as a philosopher's stone. Since science tells us that energy cannot be lost in the universe, I want to ask him where, if the treatment blocks my prostate, my sexual energy goes. Could I turn it around on the disease, like a cornered rat? Would he agree that my life now is a balancing between yes and no? Is there an Ur-desire, an archaeology of passion that antedates or supersedes the prostate? Why do I sometimes feel that I'd like to excrete this unfaithful organ?

In asking such unanswerable questions, I'm no exception. Every patient invites the doctor to combine the role of the priest, the philosopher, the poet, the lover. He expects the doctor to evaluate his entire life, like a biographer. The sick man asks far too much, he is *im*patient in everything, and his doctor may be afraid of making a fool of himself in trying to reply. Each of us is a specialist in one field only.

Of course a physician may reasonably ask: "But what am I supposed to say? All I can tell the patient is the facts, if there are any facts." But this is not quite true. The doctor's answer to his patient is yet to be born. It will come naturally, or at first unnaturally, from the intersecting of the patient's needs with the doctor's experience and his as-yet-untried imagina-

tion. He doesn't have to lie to the sick man or give him false assurances: He himself, his presence, and his will to reach the patient are the assurance the sick man needs. Just as a mother ushers her child into the world, so the doctor must usher the patient out of the world of the healthy and into whatever physical and mental purgatory awaits him. The doctor is the patient's only familiar in a foreign country.

Perhaps there should be still another specialist—a combination of soothsayer, clown, and poet—to help answer the patient's questions. He could accompany the doctor on his rounds, give a second opinion. In fact, Norman Cousins does something like this. But the trouble with such an arrangement is that it leaves the doctor out. It abandons him to his own sickness, his pathological separation from the patient, his sense of an uncompleted gestalt. He turns into a machine, clanking in a void. The patient's questions still thunder in his stethoscope, for they are an integral part of the illness. The patient is suffering from terminal interrogativeness, his soul is fibrillating.

To help the doctor reach the patient, and to help the patient reach the doctor, the mood of the hospital might have to be modified. It ought to be less like a laboratory and more like a theater, which would be only fitting, since no place contains more drama. The laboratory atmosphere can probably be traced back to the idea of asepsis, to the avoidance of contagion. Originally, the patient was protected by the sterility of the hospital. Only the sterility went too far: It sterilized the doctor's thinking. It sterilized the patient's entire experi-

ence in the hospital. It sterilized the very notion of illness to the point where we can't bring our soiled thoughts to bear on it. But the sick man needs the contagion of life. Death is the ultimate sterility.

I found an interesting exception to this distance between the doctor and the patient. It was in the emergency room of a hospital, of all places. After the cystoscopy my catheter had become blocked, in the middle of the night, by blood clots, and I was in considerable discomfort. I felt that I might actually explode. I called the covering urologist, and he advised me to go to the emergency room and have the catheter flushed out. When I arrived I was received with warm sympathy by a young intern and a beautiful nurse, who between them flushed out my catheter not once, but half a dozen times, just to make sure. They listened appreciatively to my dithyrambic account of what it felt like to empty my bladder. While the nurse was tenderly adjusting the tape that held the catheter tube to my thigh, the supervising physician came in. He had recognized my name from seeing it in the paper I work for and said he was glad to meet me.

I was almost dizzy with relief and gratitude, thanking everyone three or four times, shaking hands left and right. It was not until much later that I figured out what had made the atmosphere here so different from the usual hospital scene. I think it was because this was the *emergency* room, in the front lines of medicine. These doctors and nurses still saw illness as an emergency, an emotional crisis. Also, they would meet me

only once: I was a novelty, there was no question of their being permanently saddled with me. Every case in the emergency room is, in this sense, unique—and this allows the staff to be natural. There is no bureaucracy: I was not so much a patient as a needy person coming in from the street. For all its occasional horrors, the emergency room is like a medical game, a continual improvisation.

Not every patient can be saved, but his illness may be eased by the way the doctor responds to him—and in responding to him the doctor may save himself. But first he must become a student again; he has to dissect the cadaver of his professional persona; he must see that his silence and neutrality are *unnatural*. It may be necessary to give up some of his authority in exchange for his humanity, but as the old family doctors knew, this is not a bad bargain. In learning to talk to his patients, the doctor may talk himself back into loving his work. He has little to lose and everything to gain by letting the sick man into his heart. If he does, they can share, as few others can, the wonder, terror, and exaltation of being on the edge of being, between the natural and the supernatural.

When Anatole gave a talk at the University of Chicago Medical School in April of 1990 to a group assembled under the aegis of the medical ethics seminar, members of the audience wanted to know if he had found the doctor he was

looking for. He answered by saying, "My urologist is a very handsome man. He's slender and a fabled tennis player. He wears very expensive loafers and has a sixty-dollar haircut. He comes into the room like a bullfighter. He has style. He has magic and is extremely competent. He doesn't talk. He's too much of a star, but he has an oncologist who talks for him."