

Wisdom in medicine

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We attribute wisdom to our heroes in medicine: “Dr. John Hickam was a wise man.”* It is a quality attributed sparingly and thoughtfully. When asked, most doctors will think long and hard before naming a few wise teachers or mentors. Though obviously important in medicine, little has been written about the nature of medical wisdom, or about how it is acquired or transmitted from one generation of doctors to the next.

Psychologists have struggled to define wisdom. Ursula Staudinger and Paul Baltes provide the definition, “insight and knowledge about oneself and the world . . . and sound judgment in the case of difficult life problems.”¹ Baltes sees wisdom as integrative and holistic, an approach to life that includes factors such as social and emotional intelligence and practical knowledge.² Monika Ardelt believes that wisdom is less an expert knowledge system than a quality of a person.³ She says that no one is wise all the time, and some people are wiser in one aspect of life than another.³ Wisdom, like moral reasoning, develops throughout life, mediated by skills and personal characteristics including openness to experience, other-enhancing values, conflict resolution, and managing uncertainty.⁴⁻⁷ Reflection on personal experience may enhance wisdom.⁵

We sought to characterize medical wisdom from narratives written by doctors. The stories come from a workshop sponsored by the American Academy on Communication in Healthcare at the University of Wisconsin in 2003. The doctors

were asked to write about meaningful professional experiences. We learned a surprising amount from just a few stories and recognized that they might provide a pathway to explore wisdom.

Ruth's story

A practitioner told of caring for Ruth, an eighty-four-year-old former nursing dean who was hospitalized in the throes of terminal heart failure. He described her as a “kind, gracious, grande dame.”

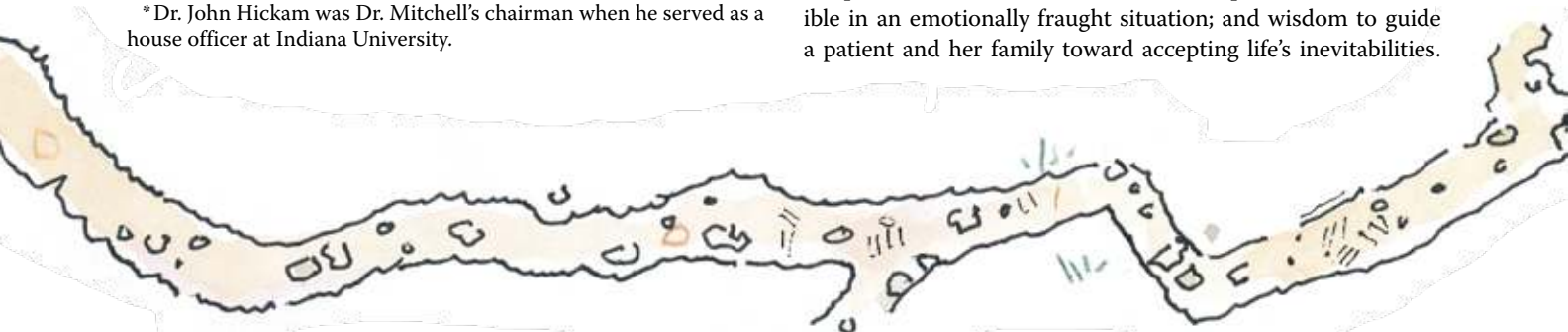
One day I asked how she hoped I could help her. She replied, “Want you to talk with my family . . . help them to understand that I can't do this anymore . . . I need for them to take over . . . I tried to tell them this before—I told my oldest daughter and she said, ‘Oh, mother, you'll be fine.’”

Ruth, a widely admired matriarch and no doubt wise woman, turned to her doctor for advice on a difficult life problem. She realized that her physical and cognitive capacities were deteriorating. Too weak to deal with the situation herself, yet wise enough to know she needed assistance, she asked her doctor to “be her voice and help her to begin her passage out of this life to the next.”

Researchers say that wisdom increases in middle age and may remain stable or progress to around the age of seventy-five years. As in Ruth, the slow decline thereafter lags decline in cognitive function. We presume this doctor is in the stage of life when he is acquiring wisdom, as his patient judged when she asked him to help. He said, “I needed Ruth to remind me what I am here for.”

This doctor's comment seems wise. He will need other aspects of wisdom to assist Ruth. These include wisdom to understand the viewpoints and emotions of the family members and the patient; wisdom to remain calm, compassionate, and flexible in an emotionally fraught situation; and wisdom to guide a patient and her family toward accepting life's inevitabilities.

*Dr. John Hickam was Dr. Mitchell's chairman when he served as a house officer at Indiana University.





Dr. Tinsley Harrison.
Courtesy of the National Library of Medicine.



Dr. John Hickam.
Courtesy of the National Library of Medicine.

These capacities of a wise person do not fit neatly into a single quality, but we probably sense that a wise person combines these many attributes.

A faculty member's story

I gave a lecture to a group of internists practicing in the local community where I had attended medical school. I read several narratives describing residents' experiences. Afterwards, in discussion, many, I found, were actually my teachers in med school—I am sixty, they must be seventy to seventy-five years old. They began describing their experiences in residency. One—my former mentor—mentioned the importance of his mentor and role model, Tinsley Harrison.

I asked him, "Tell us a story to illustrate something about Dr. Harrison that had a profound influence on you."

His story: "I asked Dr. Harrison, 'How can you give advice to people on life and death matters? What enables you to assume such responsibility for people?' Dr. H said, 'I just imagine what I would say if they were members of my own family, and then I say it.'"

As I reflected on my former mentor's story, I thought, what profound yet well-known advice, the Golden Rule. I've known it since kindergarten, but what an experience to have heard it from Dr. Harrison.

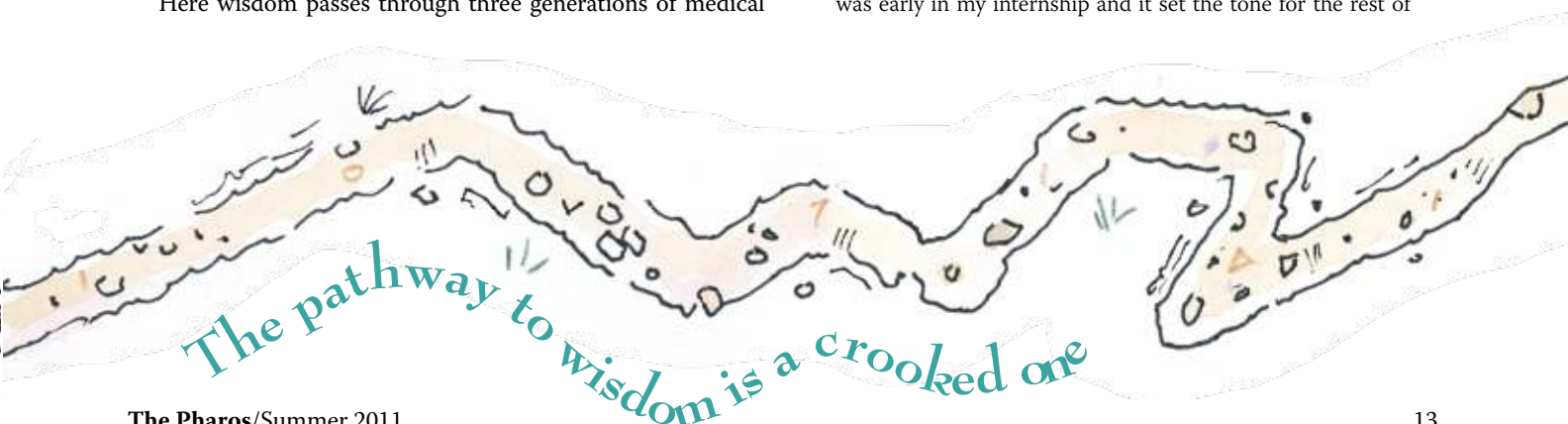
Here wisdom passes through three generations of medical

educators. Dr. Harrison rephrased a well-known precept from what has been called the wisdom literature. Such wisdom often resides in religions, as does the Golden Rule, expressed here as doing for others what you would do for your closest loved ones. But as this story illustrates, wise sayings may gain life and layers of meaning when transmitted by influential mentors. So wisdom often comes from our common moral and religious heritages and takes shape in a person steeped in those heritages. Dr. Harrison continues to pass on wisdom long after his teaching career has ended.

A chief resident's story

A former chief resident shared this story of Dr. John Hickam, his chairman of Medicine as an intern:

I had a patient who presented with mental status changes and many other symptoms. I loved the narrative history even then, and somehow decided strychnine poisoning was my first choice (zebras always fascinated me). My chair shook his head and informed me, gently, that this was impossible. Strychnine doesn't cause mental status changes. "Okay," I said. I didn't have much time to read during the night. The next morning, the chair started morning report by saying, "I apologize for questioning your diagnosis yesterday. I read about strychnine and you were right—congratulations." This was early in my internship and it set the tone for the rest of



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my training. Four years later he asked me to be his chief resident, but unfortunately he died the April before. His funeral was attended by hundreds from all over. Turns out I wasn't the only one who thought he was a wise man.

From Dr. Hickam's example, a former chief resident who became a medical teacher learned the importance of being humble enough to give learners the benefit of the doubt—even when "sure" he was right and they were wrong. Dr. Hickam modeled humility, which is likely an essential quality of a wise person. Dr. Hickam's wisdom served as a powerful motivator in this teacher's later career and his wisdom was a source of reflection and continued learning that persisted for decades.

A primary care physician's story

I often attribute the fact that I entered primary care and family medicine to my interactions on a Family Medicine experience during the "optional time" in the summer between first and second year. I had the experience of seeing a new intern—post call from her first night on call—preparing to enter her surgical rotation with a surgeon known to grill residents (especially women and even more especially minority women) to "facilitate" (read sarcastically) their learning.

I witnessed with growing disgust his childish piques of temper. I saw her run from the room in tears and felt hypocritical and powerless for not coming to her aid. I saw everyone in the operating room defer to this behavior and stored these observations fearfully and guiltily.

On that same day I was introduced to a family doctor, another minority woman, who was scattered but human (like me?), who openly resisted the time limitations placed on her, who patiently listened to an elderly diabetic woman while she gently cut the patient's thickened toenails.

She did little that was earthshaking and yet there was no question that everyone around her felt the humanity of what she *did* do, down to the mundane tasks of ministering to an elderly woman's gnarled feet.

I chose my path on that day and have not looked back. I met the doctor again, years later, and thanked her. She was surprised. She did not remember me (not surprising after hundreds of patients and many students over eleven years) and did not realize that

the simple act of tending a person's feet would have a profound meaning to a student. I strive to remember that in my smallest actions today.

Wisdom may come as an epiphany. Here it was an unexpected gift, perhaps a moment of grace, when the young student doctor saw a teacher, someone wiser than herself, living in accord with values that were not generally shared on the service. The story also reminds us that we, as medical teachers, may wield surprisingly powerful influences in our day-to-day encounters. We are always role models in the eyes of our learners, even when we think our actions are routine. Wisdom comes from this realization.

This story illustrates an act of compassion. Like humility, it seems that compassion is a quality of most wise persons.

Shirley's story

The nurses and patient-care assistants said Shirley must be crazy. She had moldy chicken and rotten peaches on her bedside table. Her nurse had asked the assistant to get her ready for discharge to the rehab center. The patient was up getting her last dialysis treatment.

The assistant asked her nurse, "Should we pick up all her things?"

"Yes," she said.

They did that, found the chicken and peaches on the bedside table, and threw them out. How could a patient keep food like that on her bedside table?

When Shirley returned from dialysis she found that they had thrown away the chicken and the peaches. She was so angry, she cried. The nurse called me for help. First I talked with the nurse and the assistant.

"She must be a little crazy," the nurse



said and I thought that might indeed be the case. I prepared myself to speak with a crazy person and went into Shirley's room.

She was a tiny African American woman. She was crying. "That was not their chicken. That was Shirley's chicken. My sister made the chicken for me. Her own recipe. Wrapped it in tinfoil. Brought it in this morning. They said it was moldy. It was *not* moldy. The peaches were *not* rotten! They were a gift from my sister and they had no right to throw them out! *No right!*"

Shirley's emotional soliloquy led the doctor to understand her point of view. Whatever else, the chicken and the peaches held special importance for Shirley, importance that would have been respected had someone listened to her before throwing them out. This story illustrates how preconceived notions about people often lead down the wrong pathway. A wise person will not dismiss someone because he or she is old, poor, or uneducated. What a great opportunity this event would have presented for a student or resident to learn the importance of listening to the patient. We see a doctor's knowledge being tempered by an experience.

The nature of wisdom

Patients and families frequently seek advice from their doctors about life's most intimate and important problems. These encounters provide medical practitioners with rich opportunities to gain wisdom. Cultivating these opportunities offers a remarkable pathway for growth. Following this pathway strengthens humility, compassion, and respect for others. Wisdom incorporates even more: a steady temperament, self-knowledge, humanity, foresight, and the pragmatic knowledge and depth of understanding and judgment needed to solve patients' problems.

Philosophers through the ages have pondered the meaning of wisdom. Humility, practical knowledge, even leading the good life have been considered, but found neither necessary nor sufficient to define wisdom. We prefer the empirical approach taken by contemporary psychologists who find wisdom to be an amalgam of qualities of a person, no one of which is always present.^{2,3} Our medical perspective on wisdom was deepened by reading the doctors' stories. The search for wisdom was a common theme. Some stories focused on humility, others on compassion. As wisdom may vary from person to person and according to the situation, discovering that the search favored different qualities came as no surprise. Rather, we conclude that individual physicians may follow rich and

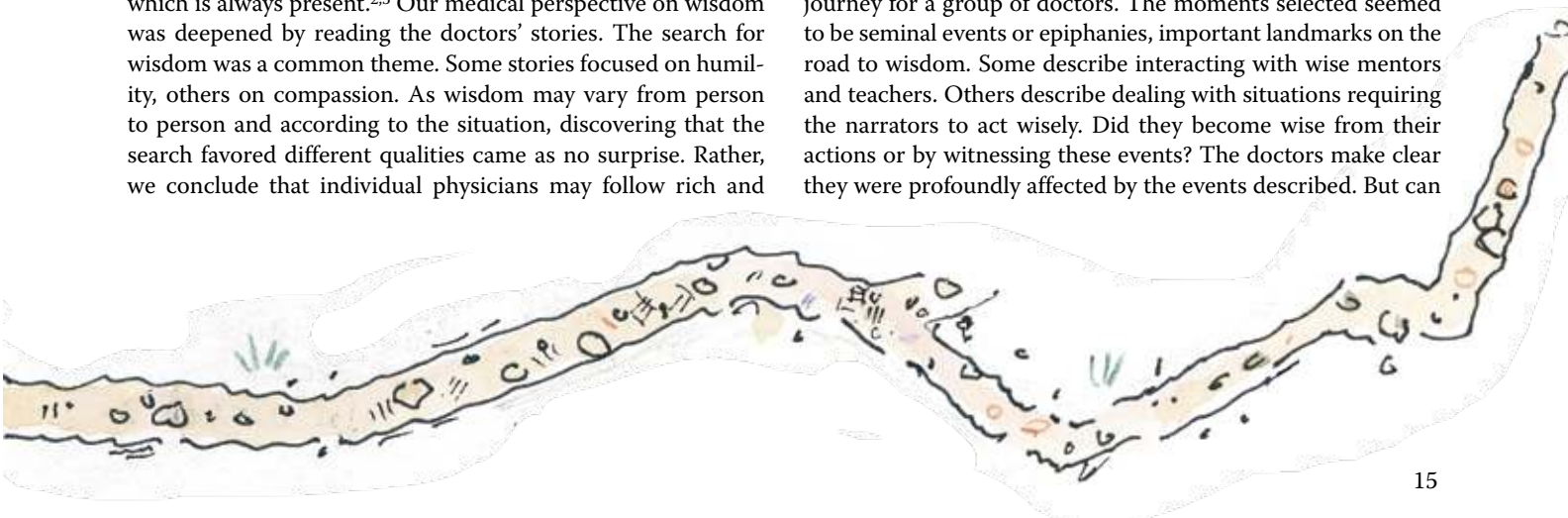


varied pathways to wisdom.

Previous investigators have focused on the role of wisdom in clinical judgment.^{8,9} Those authors' examples of wise clinical judgment embraced life issues similar to those presented in our narratives. They concluded that wisdom enters most prominently into medical decision making when the answers are not precise and depend more on context. In such cases, the benevolence of the action, the good character of decision makers, and respecting the choices made by the patient become elements in decision making.^{8,9} We would add another aspect linked to medical wisdom: it is more about finding the wisdom to help others than about leading the good life oneself.

We wonder, however, if all the qualities listed above still fall short of capturing the nature of wisdom. Is there something about the nature of a truly wise person that is difficult to put into words? Is it possible to fully describe innate goodness, deeply felt compassion for others, true clarity of self-knowledge, or the courage to always do what is best? Is it possible to imagine the integration of all these qualities, so the good life becomes helping others? This may less define a concept than describe a person.

We think that seeking wisdom embarks one on a lifelong search. Our stories illustrate discrete episodes that marked that journey for a group of doctors. The moments selected seemed to be seminal events or epiphanies, important landmarks on the road to wisdom. Some describe interacting with wise mentors and teachers. Others describe dealing with situations requiring the narrators to act wisely. Did they become wise from their actions or by witnessing these events? The doctors make clear they were profoundly affected by the events described. But can



wisdom be transmitted from one generation of physicians to the next? If so, how?

The stories illustrate another characteristic of those who wrote them, their capacity for self-reflection. We believe that capacity enabled them to learn from their experiences.

Role modeling

We observe in the stories of Dr. Harrison and Dr. Hickam, as well as the “scattered” family doctor, an important modeling of wisdom. As teachers, we struggle to understand how to create the learning climate that will allow and encourage modeling of wisdom through effective mentors, not confined to the Harrisons and the Hickams, but encompassing everyday teachers and practitioners.

In the three cases of role modeling cited above, the power that elevated modeling to exemplifying wisdom seemed related to profound personal attributes of the teacher. Their examples were not confined to exhibiting a skill or even an incisive display of knowledge. Dr. Hickam, the chairman, was in fact humble. Dr. Harrison lived by the golden rule. A faculty member was caring.

If qualities of these wise people were recognized and absorbed by the learners, the beautiful simplicity and goodness of the qualities and the influence of the role models counted. But another factor enhanced the impact of role models. These learners, it seemed, wanted to find faculty members who were caring, humble, and compassionate. We suspect many learners seek positive role models. We conclude that mentors and teachers should develop awareness of their learners’ hunger for wisdom. They should nourish this hunger. One lesson for teachers is to live every step by your values—because you are always observed by your learners. You never know when the seminal moment arrives for them.

Experience

Mentoring is not always available. Potentially profound experiences for residents and medical students may occur at times when no teacher is around. Practicing doctors almost by definition interact with patients and families in the absence of mentors. Several storywriters described meaningful experiences with patients that called for wisdom. The doctors recognized this. Furthermore, the stories made clear they saw the opportunities for growth; for example, by gaining a deeper understanding of a patient’s needs or perspectives, or by discovering (and thereby nourishing) within themselves the compassion needed to be of help. Being in the right place to encounter a meaningful opportunity was certainly necessary, but we think there is no shortage of opportunities. Doctors need to rise to the occasion to absorb the lesson. What helps a doctor be receptive to

wisdom?

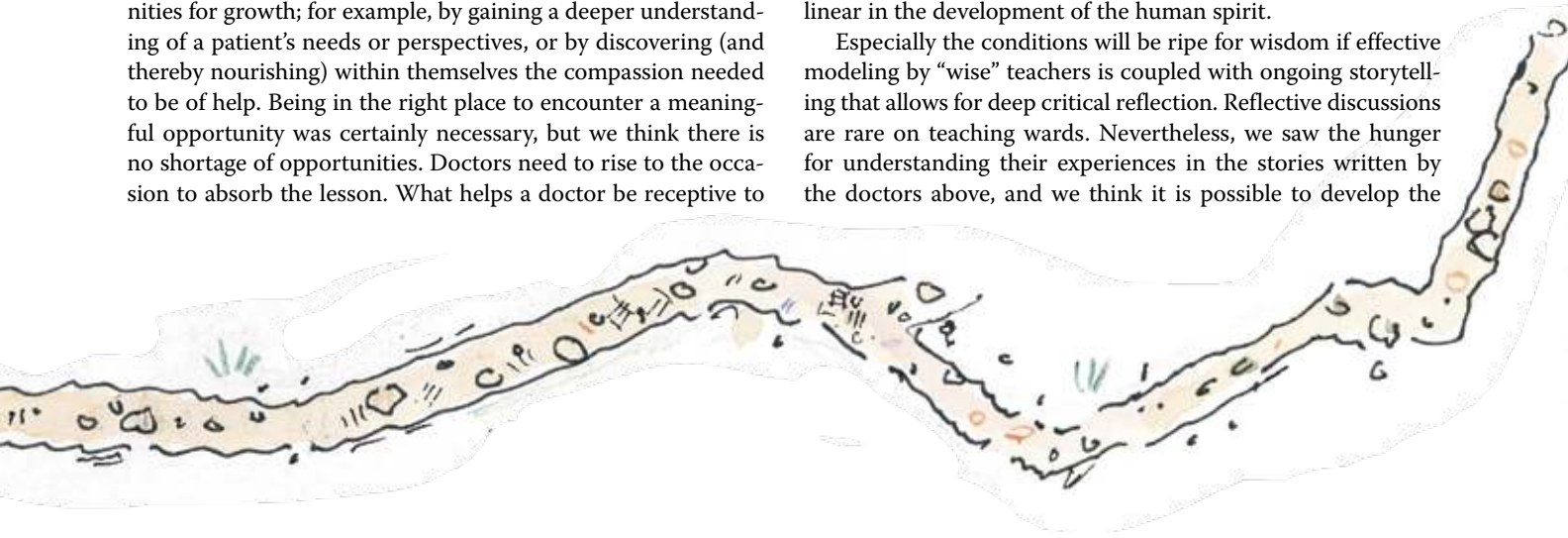
Some physicians will certainly have a greater capacity for wisdom than others. This may depend on character and temperament. It may depend on prior experiences and the circumstances of the present situation. We believe, however, that it is possible to foster the many humanistic qualities of trainees and medical students.^{10–12} These qualities may not fully define, but certainly contribute to, wisdom. Four facilitative pathways that may awaken hunger for wisdom in trainees and young doctors are reflection, self-awareness, storytelling, and group support. Other approaches no doubt exist, but we believe these four are promising and teachable based on our experience.^{10–12}

- *Reflection.* To reflect is to look back and examine experience. Educators believe that reflective learning promotes professional and personal growth.^{13–16} One gains new perspectives and a deeper understanding of experience by connecting its meaning to moral and professional values, socially desirable ends, and wider knowledge. Each of our stories about wisdom represents a reflection—accomplishing one or more of these ends.

- *Self-awareness.* Mindfulness includes awareness of one’s feelings and reactions.¹⁷ It may include critical reflection on experiences. Even a seminal experience, something said by an important role model or a profound interaction with a patient, can be a jumble of memories. You sense that an elderly lady whose sister’s moldy chicken was discarded felt treated as less than a person. But connecting this with modulating one’s innate prejudices, with valuing respect for persons, with careful considerations of how to convey to others the need for listening to a problematic patient—these need to be critically examined. The propensity to pause and reflect, to be mindful, to have the aha! reaction should be nourished by the person who seeks wisdom.

- *Storytelling.* Storytelling is a means increasingly used by medical educators to foster reflection and self-awareness.^{18–20} Deep reflection often follows when human beings come together to tell stories.^{11,18,20} As in our stories, human values of empathy, compassion, and respect are likely to be themes of doctors’ stories. Of interest to those engaged in narrative ethics, oftentimes events that occurred years in the past remain vividly present in the minds of the writers, as if encountered today. We saw that when doctors read their stories. Time, it seems, is not linear in the development of the human spirit.

Especially the conditions will be ripe for wisdom if effective modeling by “wise” teachers is coupled with ongoing storytelling that allows for deep critical reflection. Reflective discussions are rare on teaching wards. Nevertheless, we saw the hunger for understanding their experiences in the stories written by the doctors above, and we think it is possible to develop the



humanistic skills of many faculty teachers.¹⁰⁻¹²

• *Group support.* Doctors should discuss their stories with colleagues. One step is to have the experience. A next step is to tell the story. A third desirable step is reflecting on the meaning of the story with others in a group. Groups provide support and validation that you are not alone in facing life's problems.^{10,11} Colleagues can be role models. And you can strengthen with colleagues your commitment to the values, beliefs, and behaviors that constitute the good and wise doctor.

Summary

The pathway to wisdom is a crooked one. Doctors have many opportunities to become wiser, and may do so in different ways and to different degrees. We suggest several means to facilitate their passage. There remains an additional key step. Seeking wisdom should become embedded in the culture of medicine. This may follow from the types of activities discussed above. We believe that wisdom is underrecognized as a life goal for medical practitioners and teachers. It is the pinnacle that every doctor should strive to achieve.

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