You never know: An epistolary connection



Illustration by Ezra Gilmore



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You know, you never know, you know.

-Mark "the Bird" Fidrych1

e are opposites in many ways. One of us is an octogenarian, rheumatologist, lover of dogs, Californian, and retired after a long career that included his being a program director, division chair, and department chair. The other is 40-years-old, a lifetime East Coaster, fearful of dogs, and an early career

surgeon still refining her goals and ambitions. He trained with iconic figures in medicine, tracing a medical genealogy to Sir William Osler, in the days when boats were wood and men were iron, when charts were paper, and orders handwritten. She trained with work hour restrictions, electronic medical records, social media, and read about those giants of medicine in online books. He might listen to Bill Haley and the Comets, she to Taylor Swift.²

It would seem remarkable that we would ever cross paths, and if we did, that we would develop a deep friendship. Yet, we are in our third year of weekly E-mail correspondence, and our lives are better for the experience. It began with an exchange after the publication of Andrea's essay "Finding Faith Through Listening."

"Dr. Merrill, I loved your piece...people like you give me hope about the future of our profession."

"Dr. Panush, thank you so much for your kind words. I appreciate you sharing your experiences with narrative writing and humanities in medicine."

"...Andrea,...If you are so inclined, I would enjoy hearing from you from time to time."

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"From time to time" became regular. We came to appreciate that we had much in common: medical training steeped in rigid tradition; a passion for humanistic patient care; a strong belief that all patients deserve high-quality care; the desire to do good for our patients and society; and a concern about the many problems confronting contemporary medicine.^{4–6}

"It does seem, Rich, that we always think those before us had it better...[and] that newer physicians lack the humanity [of those past]."

Rich responds, "[My perspective is that] each generation in medicine bemoans what it thinks has been lost and worries about the future. I've thought our challenge is to identify and retain the best of our traditions to strengthen and assure our future."

We both love writing. This has enabled us to express the wonder and joys of doctoring, and to attempt to address some of its challenges. Writing has presented us both an opportunity to reach and move others and in turn be moved by them, with words and ideas rather than with the deeds of the office, the bedside, the clinic, or hospital.

"It's wonderful that others are recognizing and identifying your essays and stories for discussion, but I'm not surprised. It is indeed a great feeling and satisfaction [when that happens]...in its own way comparable to some of the things we can do when doctoring at our best. You are a...very good writer with...perhaps a unique ability to express and present universal concerns in being doctors and doing medicine that are poignant, powerful, and important and which touch us all. You should be proud of that article and what you write," comments Andrea.

Some of our apparent contrasts have been complementary strengths, including our perspectives and voices from our dissimilar generations, experiences, disciplines, genders, and ages. The relationship is valuable and the friendship itself is fun, lively, engaging, unexpected, and stimulating. We help each other in unanticipated ways (certain illnesses in our families and dogs, for example, where we each have some expertise). Our writing has benefited from our mutual dialogue.

Over the past two years we have exchanged more than 200 E-mails but have not yet met in person. No topic has been off limits, and often range from current events and politics, religion, exchanging works in progress, discussion of narrative medicine, medical updates on one of our dogs, rheumatology, families, and advice on life and

career. Eventually, we realized that we had evolved to a very meaningful friendship that included many aspects of a mentor-mentee relationship. We correspond about life, life in medicine, our roles and activities, our contributions, and our potential legacies.

"I am still finding my identity in medicine..."

"A wise former chair, whom I asked for career advice, once told me it really isn't possible to plan for how a career will evolve. If you can tolerate that uncertainty, there's a certain freedom in 'letting the game come to you,' and being open to, and exploring, possibilities that you may not otherwise have considered."

There is a strong tradition of epistolary relationships in literature, history, and medicine. This includes Voltaire and Catherine the Great, Clara Schumann and Johannes Brahms, and Anais Nin and Henry Miller. Sir William Osler carried on lengthy correspondences with a colleague, Dr. Henry Barton Jacobs, and a lifelong friend, Ned Milburn. Epistolary writing has even been utilized as a tool in certain aspects of doctoring. It enhances development of empathy in medical students, physicians, and other healthcare providers. It facilitates, legitimizes, and comforts patients' emotional responses to illness and loss. Certain notable epistolary writers suffered with, and described, their medical conditions, perhaps rheumatoid arthritis for Madame de Sevigne, and lupus for Flannery O'Connor.

The epistolary aspect of this relationship is special for us. In a world of instant messaging, emojis, and urgent responses, our correspondence has been a sanctuary, a refuge. We savor the time, thought, and contemplation for each of our responses. In some ways, it echoes Wordsworth's perception of poetry, as the spontaneous overflow of emotion recollected in tranquility. Sitting down weekly and writing to someone we haven't met in-person allows for more depth and honesty than a traditional mentor/mentee relationship. Writing and receiving letters has been likened to gift exchange, connecting in ways other exchanges might not, reaching out in meditative ways to another with whom there is a respectful level of attention.9 Offering and receiving advice is, respectively, generative and formative/instructive for us.7,13

"My former resident class and I have a group chat which recently has been very depressing...we all feel reality as attending academic surgeons is not what we expected, not due to the surgery part, but because of administrative demands. Also, residency is changing with

unions and more rules that place more work on attending physicians. I still find meaning in my work, and find joy in at least one aspect every day, but sometimes the other demands outweigh the meaningful and joyful aspects. I don't know if I'm being too reflective and focusing on the negative or if it's just how medicine is now."

"I used to tell my faculty that they had to learn to savor the moment and successes...the essence of medicine is to humanistically balance art, science, caring, compassion, uncertainty, and, yes, the regulatory burdens imposed upon us.¹⁴ It is an acquired skill at which you get better with experience, but always strive to improve... I could always find something in my life that brought me joy and satisfaction. Even on my worst days 'at the hospital' maybe it was the patient I could help, the student/resident/fellow I tried to teach, something good from the lab or a study, a publication, an activity for the American College of Rheumatology, just running a good 10 miles, or coming home to family and, of course, dogs."

While our friendship/relationship has not been long, it has been enriching and rewarding; strengthened and thriving through a time of retirement, relocation, new job, hospitalization, perhaps the most challenging and divisive election in our history, a sibling and relatives caught in a foreign war, family illness, and manuscript rejections. We have found ourselves sharing very personal items (moments during holidays, with families, menus, foods, wines, photos, trips, friends, activities, successes, problems), professional things (invitations and opportunities; dilemmas needing advice and solutions; ideas and evolution of manuscripts and writing projects), and other life and current events (wildfires, storms, tornados, floods, personal well-being, even colds).

Sometimes we exchange brief E-mails (one of us doesn't text) during the day, beyond our usual schedule of correspondence, as close friends do. We have come to genuinely like each other, and inextricably intertwined with our friendship is a mentor-mentee colleagueship, that enhances our bond.

It seems natural to compose this particular piece to celebrate our relationship and to suggest the possibilities of words, here the written word, to inspire dialogue, understanding, and connection in a world now so lacking in respectful discourse. Here are a few examples of our correspondence, of simple, every day, personal items that only truly close friends, with a meaningful relationship exchange:

"I was a nerd (in high school) but didn't quite fit in with the nerds."

"Hope you're safe [from wildfires]...I'm glad the fires remain at a distance...The stories and pictures are devastating. While stuff is just stuff, many things have more meaning behind them along with memories and I can't imagine losing not only everything, but your whole neighborhood. To me what is so distressing is encountering the fragility of life and how quickly it can all be taken away."

"My friend...from childhood and school, etc., now in Palm Springs, has room and a casita if we need to leave [because of wildfires]. Very kind of him."

"It was special to see that [Szczuczyn and Bialystok, Poland] where he was born and spent his childhood, with my dad."

"...is sick...we are watching a British spy show."

"I like the idea of your trying some external devices in the OR—exoskeletons!—to help with your posture and perhaps ameliorate some of your musculoskeletal symptoms...Next someone will imagine making a telephone that can be worn as a watch."

"[Here's] tonight's [New Year's Eve dinner menu) plan, with my grandson."

"Greetings from [the]...hospital, where I am now a patient."

"You know I'm not the praying type but I will keep you in my thoughts!"

"I'm cured!"

Writing can be powerful. Words, written or spoken, can be as important, if not more so, than actions. We have come to understand that *Caritas*, a kind of biblical loving-kindness, is at the essence of clinical medicine, and probably life. It is important to care truly for our patients, for our profession, and for how we practice, teach, learn, lead, and live.^{6,15} We consider that good medical writing can reflect this, which is what we aspire to in our own pieces. The best of those stories and essays published in journals like *The Pharos* exemplify this. They share some of the experiences we encounter as physicians; they convey the panoply of emotions we feel when we succeed, or, sadly, fail at our craft and art; they provoke us to think outside our constructs; and they touch us in a profoundly human way.

We relate our particular experience to illustrate the potential influence of our words and the stories of narrative medicine. Dr. Ron Anderson (AOA, Albany Medical College, 1962) a gifted educator at Brigham and Women's

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Hospital, exposited that people will never forget how you made them feel. This must be shaped, at least in part, by words. Dr. Abraham Verghese (AOA, East Tennessee Quillen College of Medicine 1989) an exceptional writer and medical educator, reminds us of the value of an almost forgotten treatment administered by ear at the patient's side—whispered words of comfort. And Dr. Philip Tumulty (AOA, Johns Hopkins School of Medicine, 1940) an iconic master clinician at Johns Hopkins wrote that words can make the sick better and fill the dying with peace, and we must always be worthy of these great powers. Surely words matter too not only in our care of patients but in our interactions with colleagues, indeed life.

"You never know."

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