

The Calling

Abraham Verghese, M.D.

Dr. Verghese is a professor of medicine and director of the Center for Medical Humanities and Ethics, University of Texas Health Sciences Center, San Antonio.

I grew up in Africa, the younger of two sons of Indian parents who taught college physics. Around the time that my brother's precocious ability with numbers was revealing itself, I discovered that I had no head for math — or for any other subject in the school curriculum.

Middle-class Indian parents worshipped the professions, and only three existed for them: medicine, engineering, and law. When my brother announced, while still in short pants, that he was going to be an engineer, my parents' joy was astonishing to behold. Nothing I had ever said had produced such a reaction. I promptly proclaimed that I intended to be a doctor. What made this remotely plausible, even to me, was that I had more than a passing familiarity with blood, mostly my own, because I was always getting into scrapes. Moreover, my unseemly interest in witnessing chicken and sheep being slaughtered for the kitchen and my fascination with watching animals give birth could now be viewed as a form of scholarship.

Having announced this bogus call to medicine so early in life, I did not give it another thought. Which is why when the true call to medicine arrived when I was 12 years old, I was flabbergasted. The moment did not have the high drama of Saint Paul's revelation on the road to Damascus. My call came quietly, but there was no mistaking it. It came in the form of a book.

I loved to read and did so with little discrimination and with a prejudice toward works that I thought might be titillating. I picked up *Of Human Bondage* by Somerset Maugham because the title was promising, and I had already read *Lolita* and *Lady Chatterley's Lover*. Of course, the book was nothing like what the title had suggested to me; it was better. The opening scene — in which Philip, a clubfooted child, is ushered to his mother's deathbed to say goodbye — still haunts me. Orphaned and raised by stern relatives, and taunted in school because of his clubfoot, Philip finds solace in painting. After high school, he sets off to Paris to become an artist. Money is tight, and he lives on the brink of starvation. One day, he persuades his art teacher, Monsieur Foinet, to assess his paintings and tell him whether he should continue. The teacher studies Philip's work and makes a brilliant speech about money and its connection to the arts:

"Money is like a sixth sense without which you cannot make a complete use of the other five. . . . I pity with all my heart the artist, whether he writes or paints, who is entirely dependent for subsistence upon his art." As to his opinion on Philip's art, he offers this: "take your courage in both hands and try your luck at something else."¹

Philip, crushed and disappointed but also relieved to have discovered what is not to be his calling, returns to London and enters medical school. The learning is grueling, and the life hard. But when he enters the outpatient clinic, he realizes he has made the right choice:

He found the work of absorbing interest. There was humanity there in the rough, the materials the artist worked on; and Philip felt a curious thrill when it occurred to him that he was in the position of the artist and the patients were like clay in his hands. . . . Philip found that he was less shy with these people than he had ever been with others; he felt not exactly sympathy, for sympathy suggests condescension; but he felt at home with them. He found that he was able to put them at their ease, and, when he had been given a case to find out what he could about it, it seemed to him that the patient delivered himself into his hands with a peculiar confidence. "Perhaps," he thought to himself, with a smile, "perhaps I'm cut out to be a doctor. It would be rather a lark if I'd hit upon the one thing I'm fit for!"¹

The phrase "humanity there in the rough" spoke directly to my 12-year-old mind. I took it to mean that even if one did not have the talent to be an artist (or mathematician), one could aspire to be a doctor; perhaps even a good one; medicine was proletarian, and the prime prerequisite was to have an interest in humanity in the rough.

I could not tell my family how much *Of Human Bondage* had affected me or that I had now found my calling, because they believed I already had. And I was also learning, from books, that grand outward pronouncements of passion were not as significant as quiet inner convictions.

Of Human Bondage reinforced another lesson, that good literature, particularly fiction, has the power to transform. A good book can give the reader insight into his or her own life and may reveal its purpose

Soon after this experience, another book affirmed my choice of career. A.J. Cronin, the author of *The Citadel* (1938), was, like Somerset Maugham, a physician, although he eventually gave up medicine to write novels. *The Citadel* traces the career of the doctor Andrew Manson from his idealistic youth, through

his succumbing to temptation in a high-society practice, to his reclaiming of his true values — a triumph that, tragically, coincides with the sudden death of his dear wife. An immensely popular writer, Cronin was ostracized by his medical peers for his liberal views, but it is said that his books documenting the terrible state of medical care in England were instrumental in the later creation of the National Health Service.

When I arrived in the United States as an intern in 1980, I diffidently mentioned to one of my attending physicians the two books that had brought me to medicine. He was unfamiliar with the particular books but not surprised by the phenomenon. He noted that Sinclair Lewis's Pulitzer Prize-winning 1926 novel, *Arrowsmith*, about a man torn between pure scientific inquiry and the exigencies of medical practice, and Paul de Kruif's *Microbe Hunters* had had a similar influence on young prospective physicians in this country.

How and why do such books inspire young people at the threshold of their careers? The most obvious answer is that the protagonist in these novels is often wrestling with and finding his or her calling, and the reader (or perhaps a certain kind of reader) identifies with and is drawn to the character facing such a crisis. Such novels often celebrate the quietly heroic aspect of medicine, fashioning physicians in the mold of Joseph Campbell's archetypal hero — those who have dedicated their lives to something bigger than themselves.

But a good novel can offer a formative experience to prospective doctors that is both broader and deeper than identification with an admirable or sympathetic hero, and I worry that today's students may be missing out. On the one hand, students seem to me to be coming to medical school with a greater number and diversity of talents than the students of a generation ago, not only playing myriad musical instruments but also pursuing athletic hobbies ranging from spelunking to pole vaulting. On the other hand, our entering classes don't seem to include as many avid readers as they once did. This may simply reflect a societal trend, but it is one that I, as an educator, cannot be complacent about. John Fowles talks about a "prevalent form of blindness, directly caused by the terrible and crippling atrophy of the imaginative faculty (being unable to slip down the magical passage from the little signals we call words into far richer worlds than any film or TV 'version' will ever be able to present)."² Indeed, watching films and television are passive activities; reading, by contrast, is dynamic and collaborative: the reader uses the writer's words to construct a rich fictional dream of his or her own. As readers, we enjoy this creative process best when the writer provides just enough, but not so much that our imagination has no work to do.

Reading fiction is an easy skill, but it is also easy to avoid. The couch and the remote control beckon and compete. But

the diagnosis Fowles outlines comes with an obvious prescription — a few hours spent with Gabriel Garcia Márquez's *Love in the Time of Cholera* will inoculate against cortical atrophy and preserve and expand the clinical imagination. The activity is just as salutary as a 20-minute run and easier on the knees. But there's more to it than that. As Joanne Trautmann says, "A fully imagined world is far richer than our own."³ A well-developed fiction-reading capacity allows us to imagine our patients' worlds fully and put ourselves in their shoes. I have marveled at the way in which selected fiction discussed in a medical school class effectively conveys the tenets of professionalism and multiculturalism without ever invoking those soporific words. "Fiction," says the writer Dorothy Allison, "is the great lie that tells the truth as to how the rest of the world lives."⁴

In this visual and cyber age, when the death of the novel has been predicted for decades, one must wonder where medical students of future generations will find their *Arrowsmiths*, their *Citadels*, their *Of Human Bondages*. Where will their sense of calling come from? From television shows like *ER* and *Scrubs*? The thought is chilling.

Perhaps the whole idea of a calling is old-fashioned anyway. The sheer volume of information that today's medical students must assimilate, the debt most have to take on, and the increasingly technological nature of medicine surely dampen the sense of calling. By the end of their studies, students are often less idealistic and more pragmatic than when they began. The pressures of managed care, the malpractice crisis, and rising health care costs loom in their future.

And yet students continue to enroll in medical school, coming to the profession for timeless reasons — because of a physician they admire, or because they want to serve, or because they have suffered or witnessed suffering. Perhaps some lucky ones even today have been called to medicine through the medium of a book. If they have a love of literature, reading may well help them to discover a way to understand and identify with the ambitions, sorrows, and joys of the people whose lives are put in their hands. In medicine, we often separate life events from their meaning for those who live them. In literature, the two are united. That is reason enough to keep reading. And writing.

1. Maugham WS. *Of human bondage*. New York: Bantam Books, 1991.

2. Fraser A, ed. *The pleasure of reading*. London: Bloomsbury, 1992:74-8.

3. Trautmann J. The wonders of literature in medical education. *Mobius* 1982;2(3):23-31.

4. Allison D. *Skin: talking about sex, class & literature*. Ithaca, N.Y.: Firebrand Books, 1994.