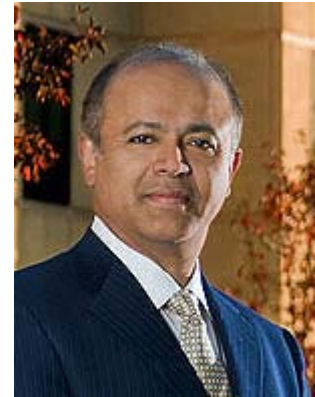


 **MEDICAL CENTER REPORT**  
**02/04/09**

## 5 Questions: Verghese on his first novel

Long a champion of hands-on medicine, [Abraham Verghese, MD](#), arrived at Stanford in December 2007 to serve as professor of medicine and senior associate chair for a new program in the theory and practice of medicine. The author of two widely acclaimed nonfiction books, Verghese talks with science writer Tracie White about the January publication of his first novel, *Cutting for Stone*, and how he uses his skills as a writer to "get at the nature of medicine." He will be reading from his new work and signing copies of his books at 7:30 p.m., Feb. 5, at Kepler's Books in Menlo Park.



Abraham Verghese

### 1. You've written extensively about the practice of medicine. Were there certain issues better addressed in a novel than nonfiction?

**Verghese:** Fiction is truly my first love. To paraphrase Dorothy Allison, fiction is the great lie that tells the truth about how the world really lives. It is why I use Tolstoy's *The Death of Ivan Ilych* to teach about end-of-life issues, and *Bastard Out of Carolina* to help students really understand child abuse. A textbook rarely gives them the kind of truth or understanding achieved in the best fiction. And I love fiction and got sidetracked to nonfiction.

One of my first published short stories was "Lilacs," which appeared in *The New Yorker* in 1991. It led to my getting a contract to write *My Own Country*, a memoir of my years of caring for persons with HIV in rural Tennessee. While writing that book I found myself living through an intense personal story of friendship and loss, which led to the second book, *The Tennis Partner*. I passed up on an offer to write a third nonfiction book. I was keen to get back to fiction, to explore that kind of truth.

I do think it is easier in the grand sweep of a novel to get at the nature of medicine, the dangers and rewards, and to search, ultimately, for meaning.

### 2. The setting moves from a hospital in Ethiopia to hospitals in New York. Did you intentionally want to make some point about medicine and its values through comparing how it's practiced in these very different places?

**Verghese:** Yes, I suppose so. When I begin with a mission hospital in Africa—a place redolent with the scents of Dettol and carbolic acid—it is because I think that in a place so basic, so unadorned, nothing separates doctor and patient, no layers of paperwork, technology or specialists, no disguising of the nature of the patient's experience or the raw physician experience. It's a setting where the nature of the suffering, the fiduciary responsibility and moral obligation to the patient and society are no longer abstract terms. In that setting, I wanted to put very human, fallible characters, such as Sister Mary Joseph Praise and Thomas Stone.

To take it to America was to contrast this world with Western medicine, with the power and beauty and science, but also its failings. To present an inner-city, underfunded, non-academic center and a "mecca" of a tertiary referral center, is another contrast demonstrating the very different people who inhabit such places.

I wanted the whole novel to be of medicine, populated by people in medicine, the way Emile Zola's novels are of Paris.

**3. The book has some wonderful passages in which you describe how the characters use their senses to diagnose their patients' problems. Do doctors really use their sense of smell to pinpoint diseases?**

**Verghese:** Absolutely, but perhaps not as much as we used to. There are distinctive odors of liver failure, kidney failure, upper gastrointestinal bleeding resulting in melena, or the diarrhea caused by *Clostridium difficile*. But physicians of old described a litany of odors, some of which seem pretty incredible—the freshly-baked-bread odor of typhoid fever, the freshly-plucked-chicken-feathers odor of rubella and so on. I do think in this era of dependence on technology, we don't seem to trust our senses. I joke that if you are missing a finger, no one will believe you until they have an X-ray, bone scan and MRI for good measure

**4. Are there any lessons about being a doctor that readers might take from the book?**

**Verghese:** It is about the danger of losing yourself in the profession and not keeping a handle on your personal life or, as Yeats said, balancing "perfection of the life, with perfection of the work."

Many of us come to medicine because we are wounded in some way. In my novel, Thomas Stone is a great example, but so is his son Marion Stone. In the vernacular of "I'm OK, you're OK," many of us (the vast majority perhaps) grow up thinking we are not OK. Service to others—in, say, the priesthood, or in nursing or medicine—then has its appeal. So I think Marion's voyage of discovery, of himself, of his father, of medicine, of his love are hopefully reminiscent of the truth we all discover in our lives. In that sense, it is a bildungsroman. And to say much more about the plot would, I think, spoil the reader's experience.

**5. So do you think of yourself as a doctor or as a writer?**

**Verghese:** I think there is no separation. My identity, beyond that of being a father, husband, a son, a citizen and so on is completely that of being a physician, of having the privilege, the honor, the calling to serve, and to serve not only patients but to serve the profession, to honor its ideals, to celebrate its grand history, to profess my belief in the Samaritan function of being a physician (to use Robert Loeb's term). So I see all my writing, whatever form it takes—fiction, nonfiction, reportage, obituary, op-ed—as being a function of that privilege and that stance of being a physician, which, to me, is everything. So I resist the definition of the writer as somehow separate and divorced from my day job, as if it were akin to leaving work and performing burlesque after hours.

That said, I have never put MD behind my name on a book (other than one on infections in nursing homes, where I thought it appropriate). I feel that the writing (no different than, say, the music if you are a musician, or the bump and grind if you do burlesque) has to stand on its own, has to work by the standards of the discerning literate reader for whom I write. He or she cares little, I suspect, about my mannered responses to your five questions; instead I think my reader wants to feel that I have been extraordinarily respectful of their investment in time, and that I have created a believable world in which truths emerge and in which they have a great need to turn the page to see what happens next