The Medical Carnivalesque: Suffering and Laughter among Physicians

FOREWORD

By Antonio Salud II, MD MA

Suffering is pervasive in medicine. Suffering is not only experienced by patients and their families but also by physicians who battle sickness, death, and decay. Many times we succeed; other times, we recognize that the people we care for are at their life's end, but always not without some type of sacrifice. As a physician, I realized years ago that taking care of people gave my life meaning and purpose but that it also was quite brutal to me and my family. We doctors chose our profession, but we cannot predict how we will respond to the challenges of medicine. This was especially true in 2020 when COVID-19 challenged our understanding of what and how life and health care should be. We saw unprecedented death and suffering, often met with ignorance, incompetence, and apathy. As a result, we experienced frustration, disillusionment, and burnout. Like many physicians, I am trying to heal from the trauma I experienced from the pandemic. That healing process involves reevaluating my life in terms of what I have done in my work and seeking a more balanced, authentic and genuine existence. I am grateful for Dr. Gabbert and her book as they have helped me reminisce and understand why and how I arrived at this moment. The work I did with Dr. Gabbert helped me navigate through times of fear, uncertainty, and lack of control, both professionally and personally.

One of the most difficult aspects of doctoring for me has been to reconcile my duty as a physician to treat patients with my duty as a physician to do no harm. As physicians-in-training, we are told to first do no harm ("primum non nocere"). That dictum shapes our training and practice. Yet we are constantly faced with a paradox (and in some ways, paradox is the basis of the medical carnivalesque) which is that, in order to care for our patients, we must treat them with therapies and interventions that may contradict that mandate. I recall a specific time in my training when I tried to reconcile this dilemma. One evening shift, I was caring for a patient with multi-organ system failure. My attending physician instructed me to continue to give medications

and blood to ensure his heart would continue beating and his blood pressure would remain “normal.” Many physicians would have deemed the therapies and interventions as “futile” at that point. I was conflicted the whole night. The patient remained alive until the next morning. By the end of my shift, I was physically exhausted and emotionally torn on how to care for a patient who was not going to be “cured.” I asked myself a very basic question: “Are we giving this patient a chance to recover or are we just prolonging the patient’s suffering?” Soon after my shift, I spoke with my mentor and recounted the night’s events. He then asked me how my mother was doing. A bit taken aback not understanding what his question had to do with my current situation, I replied that she was fine. My mother had been diagnosed with breast cancer, which had spread to her lymph nodes. After a difficult course of treatment, she had responded and survived. Knowing this, my mentor explained that the patients and families who allow us to continue treatment when we may think all is futile give us an opportunity to discover if all truly is “futile.” This uncertainty is common in medicine and reminds us of the interplay between hope and despair, science and art, life and death. This moment illustrates the always-present question that we physicians ask ourselves: “When is enough enough?” The seeming absurdity or futility of certain current therapies may provide insight on what may eventually become fruitful. The uncertain present becomes possibly meaningful for the future.

The medical carnivalesque is an aspect of culture that is buried deep within the training and practice of medicine. Dr. Gabbert and I had many conversations as we crafted the concept of the medical carnivalesque in 2009. These conversations yielded a framework to acknowledge and understand what some people would call “the hidden curriculum” - those behaviors that are subconsciously taught and learned by way of shared experience. Those practices range from objectifying persons as objects to using gallows humor as defense mechanisms. How do we do no harm when our profession and our journey are fraught with sacrifice, self-denial, and moral injury? How do we move forward? This work that Dr. Gabbert and I created, helped me understand the specific ways in which physicians live in a space of constant tension between self and other, family and patient, sanity and madness, hope and despair. In this light, Dr. Gabbert’s book provides a transparent look and a palpable feel on how we are

transformed into physicians after we are accepted into medical school. We strive for clinical competence and excellence, but we are placed in situations that are neither clear nor straightforward. In doing so, we discover the need for resiliency during times of intolerable suffering. The medical carnivalesque describes the suffering experienced by providers and health care staff alike, along with burnout, moral injury, and even trauma. Without a way to address these issues over time, such experiences can lead to isolation and helplessness. Within this framework, Dr. Gabbert delves into stories about physician suffering and tragedies, and explains how humor, superstitions, and folk beliefs may help physicians find a sense of harmony and meaning in an uncertain and, at times, seemingly absurd world.

In the last decade and a half, I have used the concept of the medical carnivalesque in the development of programs geared toward healing medical professionals. One such program based heavily on medical carnivalesque is *The Pathos Project*, founded by Yuri Maricich and Keri Oxley and further developed by myself and Dr. Dominic Vachon.[1] *The Pathos Project* offers a curriculum for undergraduate students and medical students that explores themes of suffering, professional development, and spirituality. *The Pathos Project* provides a safe harbor where individuals exposed to the "hidden curriculum" can explore uncomfortable thoughts and behaviors in order to reach understanding. A good physician has the traits of competency, consistency, and compassion, but great physicians embody the more nuanced traits of curiosity, humility, and vulnerability. This approach is the beginning of a new way of thinking about doctoring. Our metrics of success for *The Pathos Project* are how we deliberately teach physicians-in-training to solve the problems that are not addressed elsewhere. Honesty and courage are what is needed to help us to re-discover the connection and community that these COVID-19 years have severely challenged.

We are all broken, but in the spirit of *Kintsugi*, the Japanese aesthetic in which something that is already imperfect and seemingly irreparable is repaired, we repair what is broken in us in order to become strong, beautiful, and whole again. Dr. Gabbert

[1] Director of the Hillebrand Center for Compassionate Care in Medicine at the University of Notre Dame, IN.

and her work on the Medical Carnivalesque provides us with the tools to be curious and vulnerable, to let go of control, to be present with the people around us. Perhaps more importantly, this book gives us permission to laugh at the world, and at ourselves. After all, “laughter is the best medicine.”