

Shadows, Slicksters, and Soothsayers

Physicians in Canadian Poetry

Introduction

As a physician and a (Canadian) poet, I am intrigued by how physicians are portrayed in Canadian poetry. I entered medical school with conflicted imagery. In addition to being (in my mind) scientists of the highest degree, the doctors I had growing up in a prairie town had been kind, receptive, caring, and patient. That small town family doc was the one I wanted to be: an expert of the human body, but also unhurried, useful; someone who knew the parents and grandparents of her patients. Television and movies taught me a different version of doctors: they were often avaricious, incestuous, sloppy, and selfish. Medical school showed me yet a third picture: some real-world physicians were tired, naive, protected by gender, class, power, and other forms of hierarchy, while most were doing their best for their patients in the face of complexity and ambiguity. In all three versions, the science part was taken for granted.

Now that I am a physician myself, I was curious about how the world sees *me*. My dual identities as physician and poet mean I rely daily on narrative, so I did what I always do when faced with an existential question—I turned to the poets. A word, however: I studied evolutionary biology before medical school, so I am a whiz with positivism and p-values. Therefore, I will give a nod to my intellectual heritage by using the traditional form of a scientific paper, with its thorough explanation of the experimental method.¹ If I have something approximating a hypothesis to test it would be this: doctors, in Canadian poetry, will be constructed as essentially competent people of science and appear on a spectrum from caring to aloof. This composite picture will stand as a critical analysis of physicians and speak to what patients want more and less of from doctors.

Method

Relying on my own personal poetry collection, I started scanning books. To be included, a poem had to have been written in English by a Canadian during my lifetime, feature an image of a physician, and be published in a book that resided on a bookshelf (or floor, or drawer, or on top of the piano) in my home. Overrepresented are poets who are my friends, who are published by my friends, or with whom I have shared a podium. On the other hand, certain regions, styles, and years are absent from my collection because of my own idiosyncrasies as a reader. I point out these limitations merely to show my biases. Also, it is quite possible that I missed subtle references to physicians because I was too dense or distracted. I deliberately excluded poems published only in non-book formats (i.e., literary journals, websites), poems written before I was born, and poems featuring the “allied health professionals”—nurses, social workers, unspecified therapists, home care workers, paramedics. I also excluded poems written by physicians. This last point may be controversial, but I was concerned primarily with what other people think of physicians, not what we think of ourselves. Therefore, I did not include various anthologies of physician writing, interesting though they are (see Charach; Clarke and Nisker). If, dear reader, you were to survey your own collection, you might come up with completely different results. Onwards.

I spent the next several weeks sorting through piles of books, pulled along by a powerful nostalgia—for the times when I first read the books and for the physician I thought I would be when I started the work of becoming one a decade ago.

Results

Negative Results

Poetry collections *not* visited by images of physicians were legion. This is not meant as criticism, for why *should* a poet write about a doctor? One scanning for images of pipefitters and chartered accountants might come up similarly short. However, what is interesting here is that all of these poets, in one way or other, write about health and illness. Take Basma Kavanagh’s “Torpor,” for example:

When my father died,
the night and my heart
slowed.

My body grew cold—
for months, I was

sluggish and confused,
upright out of habit,
and reflex, a rigor
of the hands, clinging
to this branch—if *only*.
Every breath
involuntary. (81)

Kavanagh packs heavy medical imagery into these few lines: cardiac arrest; rigor mortis; grief, or perhaps depression; brainstem functions. Her short lines and short stanzas packed with iambic, trochee, anapest, and dactyl feet speak to the centrality of the beating heart (irregular, then stilled), to the death of the shallow breaths, and to those who witnessed it. This poem is a daughter's living recapitulation of her father's death. Yet there is no doctor in the room.

And Mark Callanan, writing "The Myth of Orpheus" after his own brush with death following a sudden, serious illness, places his narrator in the Intensive Care Unit:

And the old man in a nearby bed
kept dying. The monitor would shriek
its air raid warning and he would die
and come back. That was his trick.
He did it and did it. The slap-slap
of the nurses' soles was deliberate
applause. Then he left for good. (12)

Callanan's clipped language mirrors the military metaphors in the poem: shrieking monitors, patients who wander away then are slap-slapped back to attention, perhaps proud of their little insurrections. Nurses patrol in numbers, but no physician makes an appearance. Therefore, my first finding is that doctors seem incidental to the illness experience for many Canadian poets.

Those physicians who do appear may be broadly grouped into three categories: shadow, slickster, or soothsayer, arranged in increasing order of the humanity they reveal.

Shadows

In the first cluster of poems, a number of physicians appear merely as accidental tourists. That is, they simply *happen* to be doctors, and their profession plays no particular role in their appearance. For brevity, I present most of these doctor sightings in Table 1, but I will discuss three in the

Shadow cluster because they begin to show physicians entering intimate, if not sacred, spaces with their patients.

On one level, Steven Heighton's primary care physician in the first stanza of "Glosa" simply functions as gatekeeper to specialist care for someone suffering—and eventually dying—from a myocardial infarction:

You were careful, at the first brush of the wing,
not to put anyone out. The pain and numbness
kicked in at dawn; you waited until 9:15—not 9—
to call your doctor. He told you
Heart attack. Get yourself down to Hotel Dieu, Emergency,
fast. Tom,
you walked. (38)

The physician's humanity glimmers here, in his instruction to Tom not just to get himself to the hospital, but to do so "fast." Furthermore, *fast* appears alongside Tom's name, making it appear on first reading as though it is the doctor using the patient's given name, suggesting a familiarity, if not tenderness. Also contributing to the tone of tenderness is the way the physician is bracketed by the appearance of a wing in the first line—an unusual image among the ordinary metaphors of the pain of cardiac ischemia, principally of an elephant sitting on one's chest—and the invocation of God in the name of the hospital, Hotel Dieu. Hotel Dieu is a real hospital in Kingston, Ontario, where the poet lives, but the dual image of a wing (perhaps that of an angel) and God seems to foreshadow a gentle afterlife.

However, once the patient is dispatched, the doctor is lost to follow-up. In fact, the poem doesn't really start until after this opening sequence. Once the patient has been diagnosed and stabilized, Heighton's narrator, in the second stanza, joins a community of concerned friends, finding the wounded Tom "by chance" (38). The poem remains rather technical until the concluding stanzas, where we begin to appreciate the deeper meaning of the poem, whose title belies the form. Heighton has taken the opening quatrain of "Glosa" from the translation of a verse by Callimachus, a Greek poet of North African birth, on the death of Greek philosopher Heraclitus.

I wept when I remembered
How often you and I
Had tired the sun with talking
And sent it down the sky (38)

Callimachus' words are a tribute to a mentor, and so is Heighton's poem, written, he suggests, from a "babbling novice" (39). The narrator walks with his

slowly dying mentor through the streets of Kingston, Ontario, tiring the sun with talking, until Tom's marrow turns to song. Great intimacy and patience unfold in the second half of the poem, to which Tom's doctor remains blind.

Susan Downe's "Pruning" also invokes a somewhat tangentially involved physician.

Last year
our raspberry canes came
fruiting forth four times
the berries of all
other years, a thousand
thousand ruby cells proliferating
into faultless tender
nipples on each
arching wand. In fall
I cut them back.

Last summer and in fall, I bled
from my life a terrible
thronging restlessness that I
keep a secret, but next
Tuesday, when the lab
gets back to me
probably
I'll ask a man who doesn't know
my face
to cut away my breast. (22)

The poem describes the early days of a breast cancer diagnosis. It is full of anxious red/blood imagery, wherein the narrator's restlessness forewarns of an ominous future, and contrasts the abundance of a garden with death taking root in a woman's breast, her most outward symbol of fertility. Her bumper crop of berries, each a "faultless tender / nipple[]," is likened to the proliferation of cancer cells, suggesting a kind of benevolence the narrator may feel toward the "faultless" physiology of cancer, merely a kind of accident of biology, simple mutation and guileless cellular mechanics. Which is not to say she is not terrified: the poem comes to a dangerous head when the narrator imagines she will have to "ask" (note, not "comply with" or "submit to," but something suggesting an active choice) a stranger, "who doesn't know / my face"—the most outward symbol of her personhood—to cut "away" (suggesting the need for disposal, like a piece of trash) a part of her body. There is no malice implied on the part of this faceless stranger-surgeon; instead, the terror seems to reside in the living dissection the narrator is about to undergo. But neither is the physician a healing presence.

Table 1

Annotated list of additional Canadian poems in which physicians appear as Shadows.

Author	Title	Citation	Comment
Crummey, Michael	"Pub Crawl in Dublin"	<i>Keel</i> 72-73	Crummey's narrator describes a trip taken with his wife to Dublin, the city where her father studied medicine and where her parents had a stillborn son.
Dalton, Mary	"Headlines"	<i>Hooking</i> 43	A cento composed of second lines borrowed from 25 poems, Dalton's second stanza suggests that when nothing is left of possibilities and one's mate has flown, one might "open a restaurant. Or practise medicine. / Go into the suburbs and never come out again."
Downie, Glen	"Taking your Lumps"	<i>Wishbone Dance</i> 82	Malignant melanoma is compared to an abusive boyfriend, against which doctors can only offer restraining orders.
Kroetsch, Robert	"The Sad Phoenician"	<i>The Sad Phoenician</i> 9-59	Kroetsch's narrator is dispensed insipid advice by his doctor.
	"Seed Catalogue"	<i>Seed Catalogue</i> 12	Kroetsch uses the poem to wonder how to "grow a prairie town." He decides this is achieved, in part, through absence of psychiatrists.
Ondaatje, Michael	"Light"	<i>The Cinnamon Peeler</i> 3-4	Ondaatje's physician had a "memory sharp as scalpels into his 80s."
Page, Joanne	"Ah Spring"	<i>Watermarks</i> 19	Good Dr. John Snow, a no-nonsense guy, discovers that the Broad Street well is the source of a cholera outbreak in London, removes the arm from the offending pump, and all is—yes—well again in London.
Pick, Alison	"Cortisone"	<i>Question & Answer</i> 55	Pick's physician joins a family gathered around a grandmother's bed for her last few moments of lucency and increases the dose of a drug.
Sinnett, Mark	"The Wading Pool"	<i>The Landing</i> 30	Sinnett's narrator, walking in "a park cut / out of a cemetery" wades through the shallow water kicking "from clay thin-boned / shin, a doctor's back tooth."

This supporting assassin role of the surgeon is also to be found in Mark Sinnett's "Brain Surgery," in which the narrator watches a craniotomy on television and reports with an understandable sense of horror: "the skull is hacked apart / by bright chisel and the smash / of sterile hammer" (33). He describes a spray of bone chips toward the camera as the patient sleeps, not seeing the skin of her face removed and folded down over her chin for safekeeping. He wonders at how a body could "recover / from such indignity" and how a mouth could ever "figure out smiling" (33). The language of the poem places neurosurgery somewhere between carpentry and butchery, which is echoed by the narrator's banal way of recovering from the voyeuristic ordeal: by drinking beer and staring into the sun, "numb / waiting for the anesthetic to wear off" (33). Interestingly, the plot of the poem is carried out by—or perhaps it is better to say that the narrator is undone by—physicians who remain unseen. Why does the narrator not wonder about them? Is it because they are ghosts, hidden behind surgical apparel? Or is what they are doing so horrifying that the narrator cannot begin to connect with them? Either way, the stuff of the poem remains squarely with the patient and voyeur while the physicians remain in the shadows.

Slicksters

I have grouped the preceding poems into Shadows because physicians in these poems appear to carry out the technical, tactile work of medicine, but we learn little about them. In addition, the poems seem to work at demystifying medicine, undermining the sense of "specialness" about medicine prevalent in society. The following poems overlap with the previous group in that they also show doctors largely as technicians, but these physicians are a bit slippery. They range from simply the self-serving to the predatory, evil rather than altruistic, as the ideal physician is often portrayed in medical school. Poems in the Slickster category introduce a new element of the power struggles that exist between doctor and patient, ranging from the struggle to be heard to struggles enacted in spaces defined by gender and race. Again in the interest of brevity, I will not discuss all the poems in the Slickster category, but instead present an annotated list in Table 2.

The first struggle I will highlight is the one for what might be loosely termed accessibility. Joanne Page, in "Half a Correspondence," writes about attending hospital visits with a friend who is dying from cancer and describes the frustration of trying to track down a doctor: "two days in a row I have sought

a fugitive in green / going downstream a little faster than the rest of us” (*Persuasion* 16). The physician here seems to have nothing against the patient—the clue is in the word “fugitive,” suggesting he, too, is escaping from something—but the effect is that he leaves “the rest of us” behind, alone, and likely by choice. Page’s physician might be zipping off to a more pressing emergency, or he may be simply fleeing another tiresome patient encounter. Either way, his needs come first, leaving us with our questions.

Stan Dragland, too, introduces us to a physician with other fish to fry. In “Stormy Weather,” after listening to his soon-to-be ex-wife singing in the house they will no longer share, his narrator recounts that:

[f]or the past several years, like John Keats, I don’t know why, I have been “half in love with easeful Death.” Expecting the annunciation of the illness I won’t survive. Cancer? Heart? “A cardiac event,” chided my physician, Kevin O’Hea, “we don’t want that now, do we?” I wouldn’t have minded being patronized by a “we” from the heart, but this was pretty damn thin and it vanished entirely when the doctor bolted to a more lucrative practice in the States. More than half in love with easeful Life. (10)

Dragland’s narrator’s internal critical monologue camouflaged within lines of tidy, report-like prose communicate a sense of betrayal: that his doctor would “bolt[] for a more lucrative practice in the States” rather than stick around and do the humbler work of keeping a mere Canadian away from the clutches of terminal illness, and by using the word “we,” the physician would insinuate himself into the liminal space between a patient and his illness only to leave as soon as it suited him. His actions prove the “we” is a fiction. The doctors of Dragland and Page undercut the image of the selfless physician of yore; these doctors are Slicksters in that they are protective of their time and concerned with the bottom line.

I turn now to Slickster poems that have something more to say about the doctor-patient relationship—specifically, violations of them, ranging from deceit through to predation.

Leigh Kotsilidis’ “Sound Check” is an odd piece of work. To me, it reads like a found poem constructed after eavesdropping on a clinical skills session for junior medical students. Here are the final two stanzas:

To isolate districts of tenderness,
palpate her ribs, sternum.
Again: Breathe.
Is there turbulence

in the air flow? Is what you hear
dull? If it sounds at all like rubbing
hair between your fingers,
feathers on a snare,

have her whisper two
two-target tongue positions:

Toy boat. Blue balloons.

Toy balloons. Blue boat.

Don't let her fool you with coy
notes, lewd bassoons, buoyant
plumes, booze, croak. (29)

What makes these words art is their play on context. Whereas a medical professional might read the poem as a familiar checklist, a non-medical reader would likely approach the instructions with some anxiety—heightened by short lines—for what might be waiting in the next stanza. Or perhaps the anxiety is performance-related, as the reader is invited into the medicine tent. As with many of the poems above, a physician does not, in fact, appear; the reader supplies the image of the physician who, unseen, carries out the action. He is silent and proficient. But unlike Sinnett's neurosurgeons who work away unperturbed by their gruesome business, we catch a chink in the armour of Kotsilidis' doctor. When they can't figure out what is happening with a patient, physicians often complain that the patient is a "poor historian." Though the context here is the physical exam, something changes in the final three lines of the poem. The first stanza reads like an instruction manual for a physician somewhat hostile toward a patient who is reduced to organs and fluid mechanics; once the patient is stripped of her humanity, she is remade at the end of the second stanza as a sexual creature, full of flirtatious deceit.

These poems by Page, Dragland, and Kotsilidis belong in the Slickster category rather than in the Shadow category because while the physicians remain largely unseen and passive, they also appear to convey a bloody-mindedness to resist the emotional needs of their patients.

Patronizing doctors make multiple appearances in Glen Downie's *Wishbone Dance*. Downie is a social worker who spent a season as poet-in-residence at the Dalhousie University Faculty of Medicine in 1999. In his poem "Medicine," he compares radiation oncology to herbalism in the Far East. In the first stanza, the narrator travels to cities of the Far East, discovering "unusual growths / of ginseng shaped like people" offered for sale along the subway lines that snake below the various refrains of "*tic tic*

tic” in the city (87). In the second stanza, a patient “gingerly fingers the bulge of his cancer & calculates / whether he’s too young to die or too old to be tortured / on the slim chance of cure,” then:

... Even the doctor
speaks as if ticking down
a list of well-practised evasions Experience tells him
that truth is too potent & must be replaced
with half-truth as a dose of radiation is dispensed
in fractions (87)

Here, truth is better dispensed as half-truths, just as radiation does its work while waning in potency. This stringent metric of the physician (which I am tempted to say misses the tattooed mark) stands in contrast to the poem’s final lines where we learn “hope too is an old & unusual growth / often strong as the roots of stones / & human-shaped” (87). This doctor understands his patient’s fear but responds with half-truths, thus earning him the title of Slickster.

From here, the images of Slickster physicians in Canadian poetry begin to move from the simply self-serving and patronizing toward the abusive and predatory.

Joanne Page’s narrator, as we know, spent weeks accompanying a friend to cancer treatments in “Half a Correspondence.” Here, a medical team is likely assessing the friend for a tumour or excess fluid in her lungs. I initially thought this poem should be categorized with the merely technical poems, but something more resides in the final line:

your breathing too fast,
too shallow
to rosy up your cheeks;
we shift
oncologist and nurse
undo, unlayer,
tapping down the spine
listening for a crackle,
your back unprotected (*Persuasion* 26)

The acts of “undoing” and “unlayering” are, on one level, simply necessary for disrobing the patient for a proper physical exam; that a nurse accompanies the oncologist also softens the image somehow. But coupled with the declaration that the narrator’s friend is “unprotected” makes the patient seem terribly vulnerable and subject to attack. That theme is developed a little further along:

Ordeal:
 white tray,
 surgical gloves,
does this hurt, hon?
 iodine wiped on,
 and off,
 the square cotton patch,
 fingers kneading,
sorry, sorry,
 needing the outline,
 thought we were in,
 pinned down,
 slender steel,
maybe sitting up
would be better
 into your skin,
 hand to hand, stronghold;
I don't want to hurt you
sweetie,
 five times,
 finally!
 crimson blessing
 fast up the needle
Yes! (Persuasion 27-28)

The short lines and dialogue of sorts between the narrator's observations and the coaching/cursing of the medical team as they attempt to set an intravenous line are relentless. That the steel is "slender" suggests a kind of insidious attack; when the team addresses her as "sweetie," they somehow belittle her discomfort. The same thing happens to Bronwen Wallace's narrator in "Exploratory" as the "anaesthetist slips something silent / through her veins" and tells her to relax like "a good girl" (85), suggesting a gendered element to the power struggle between doctor and patient, as well as a mind/body hierarchy, where doctor is mind and the patient is body.

Another parallel exists between the Page and Wallace cancer poems. In Page's "Ordeal" passage cited above, it is the narrator, rather than the medical team, who declares that finally getting the line into a vein amounts to a "crimson blessing," as though by giving up her blood, the pain might finally stop: this is a sacrifice scene. An almost equivalent scene unfolds in Wallace's "Treatment" when we meet doctors for whom the devastation of chemotherapy seems "simple as an old war" (90). Though they do so in the name of cure, the doctors subject their patient to "mechlorethamine / a derivative / of mustard gas" and "an older ritual / given a new name" (90).

The narrator feels as though she is made “a witch in need of cleansing,” whereas for the doctors, this is a simple, well trod, and rational path (90). Comparing chemotherapy to the Inquisition moves it from the domain of medical science—albeit science derived from the machinations of trench warfare in World War I—to that of religious persecution. These doctors earn a place in the Slickster category not because of any intention apparent in the poem, but because the poet compares them to those who sought to end purported heresy against the Roman Catholic Church by slaughtering women.

It is not just cancer poems that use intravenous injections as a symbol of violation. In “Spanish Insane Asylum, 1941,” Jan Conn’s narrator speaks of the suspicion she has for her psychiatrist.

The tide comes in and now they want to ship me to South Africa.
No, says the doctor. He wants to cram my veins
With yellow Jell-O.
My mind is alive with ghosts. (65)

She is similarly suspicious of the priest who comes to visit, and sees “the tiny devils all over his jacket” (65). However, instead of cramming her veins with what most would consider to be a noxious substance, the priest’s “visiting card tasted of dark chocolate” (65). Conn’s is a novel use of taste to signify trust with caregivers.

Sandra Ridley’s protagonist, admitted to the Saskatchewan (psychiatric) Hospital in the poem sequence *Post-Apothecary*, suffers from a similarly fraught relationship with her keeper in “O Ophelia : O Crazy Jane”:

Heat tossed as night sweats. Crux of breastbone
cut &
quivering.

Unribbons her pinafore. She is ready.
She is ready. (56)

The patient here—cast doubly as *Hamlet’s* Ophelia, mad with grief and lovesickness, and William Butler Yeats’ Crazy Jane, embodying the holiness of body and soul, even in destruction—is vulnerable, sexual, quivering. She is anything but the empowered “client” of today’s medical speak: she is prey. Shortly, the predator reveals his professional standing—he is her psychiatrist.

She answers coherently but misunderstands the burden of his question.
I’ll ask you to set aside how you came here.

Now,
We’re here & in this together—how is it you feel so alone? (60)

Table 2

Annotated list of additional Canadian poems in which physicians appear as Slicksters.

Author	Title	Citation	Comment
Downie, Glen	“Information and Special Instructions”	<i>Wishbone Dance</i> 58	A found poem drawing on patient information literature in which the reader is prepared not for a healing dialogue with their physician, but for a business transaction.
	“Learning Curve Journal — Pronouncing Death”	<i>Wishbone Dance</i> 80	A poem in which an international medical graduate boasts about a medical system back home where “young docs earned / a flat fee for pronouncing death,” easy money known as “ash cash.”
Murray, George	“Crown”	<i>The Hunter</i> 68-69	A dystopian poem in which we meet a physician completely removed from the rules governing the rest of us.
Nowlan, Alden	“Body and Soul”	<i>Alden Nowlan and Illness</i> 63	An intern gives the narrator an injection to correct his post-thyroidectomy hypocalcemia, and argues persuasively that the patient has “no existence apart from / my body.”
	“A very common prescription”	<i>Alden Nowlan and Illness</i> 73	Where the narrator gets a prescription for dry eyes, his physician tells him, saucily, “It has been an excessively dry summer / and you use your eyes more than is good / for them.”
Simpson, Anne	“Counting Backwards”	<i>Is</i> 29	A physician instructs his patient to count backwards from one hundred and remains resolutely uninterested in the monologue unfurling in her falling-asleep mind.
Walsh, Des	“Antibiotics”	<i>The Singer’s Broken Throat</i> 40	A doctor in Ireland makes prejudicial assumptions about a patient because he is from Newfoundland.

His questions lure her from the tangle of her fear out into an opening where she is with him, and not alone. Finally, in “Anterograde : Retrograde,” where we presume she is being given electroconvulsive therapy, he strikes:

Gauze stuffed into her mouth until she is licked awake & wild eyed. Magnolia fawn wrapped in cerecloth curled under a briar patch. Doesn't move. Won't move until the click of a switch for his tonic hum

Until the blue phase & the sun cracks the horizon of a lake. (64)

The protagonist's experience is vivid and terrifying, pulling us into the looking glass of psychosis, until a shadowy doctor-as-Charon ferries us through. These passages from Ridley blur completely the line between medical invasiveness and invasion.

Soothsayers

I would be surprised if any of the preceding poems made it into medical school classes as examples of the noble physician. So few poems published in Canada by non-physician poets in my collection had anything *good* to say about doctors, I can discuss them all here.

Toward the end of her friend's illness, Joanne Page's narrator gives us a rare glimpse of a physician who helped ease her troubles, rather than cause her fear and pain:

she phones to find out how worried we ought to be. no problem,
says covering oncologist, if she wants to be at home, that's where
she should stay (or words to that effect), thereby confirming one
final time that you are in charge and what you want is, will be,
must be, what will happen (*Persuasion* 29)

The use of lower case throughout the poem as well as the lilting and sermon-like “what you want is, will be, / must be” at the poem's conclusion reveal a kind of tenderness created by the physician's advice. The physician—though as the “covering” oncologist she has no long-term relationship with the narrator's friend—respects the autonomy of the patient by telling her she has a right to control the context of her own death, an apparently controversial idea very much in the public dialogue these days. This physician seems to rise above the daily battles of doctor versus illness and to tap into something larger and more ancient, therefore earning the category of Soothsayer.

In the first stanza of “The Beautiful,” Michael Crummey “took his shift that night” (*Salvage* 90) with a woman whom the family expects to die. When she finally does die, a doctor arrives to do the examination and to sign the death certificate. The poet is surprised by the physician's “loveliness, the

pulse of it brimming his head.” Eventually, the family member’s body is taken away into the December night, “leaving them / to strip the bed, scour the soiled sheets” (90). Then:

A long dirty morning and no relief from it
but his time in the presence of the lovely doctor
when he was unfaithful to a fresh grief,
ashamed of the infidelity, and grateful to see
the beautiful survives what he will not. (90)

In one way, the doctor does little more than show up and be “lovely,” temporarily luring the poet away from his pain, twining the ideas of fidelity and grief on the morning after the longest night. But her loveliness, I think, is not just physical, but metaphysical, in the tender way in which she approaches the dead. This physician embodies a kind of rebirth.

Though in *Wishbone Dance*, Glen Downie’s physicians are often hapless purveyors of black humour, in “Learning Curve Journal — Path. Review,” a sensitive pathologist/student duo look at a slide demonstrating increased cell proliferation and necrosis, often signalling Burkitt’s lymphoma:

Our pathologist fixes his van Gogh eye
to the ‘scope & asks us to appreciate
the *starry sky appearance* There is a heaven—
he seems to be saying—swirling above
& within us (83)

The phrase “starry sky appearance” is not one coined by the pathologist; it is a designated descriptor in his field. However, something in the doctor seems open to the descriptor’s symbolic possibilities—connecting the death implied by the pathology slide with a comforting celestial vastness—which permits a humanizing lyricism in his students.

A final poem also draws on imagery from the natural world—specifically, the sky—in a healing way. In John Barton’s sonnet “Saint Joseph’s Hospital, 1937,” the protagonist—the artist and writer Emily Carr—has had a “cardiac event,” and lies considering her mortality while convalescing in a hospital bed. The first two lines of the sestet begin with:

I lie awake. To live, the Doctor said,
The trees and sky must rest. My pain must rest. (96)

The doctor here is not prescribing medication or interventions, things we would expect following such an injury. He is telling her to end her extended painting expeditions into remote parts of British Columbia because her heart is not strong enough for it. But he is also laying aside his black bag, inviting

his patient to simply *be*; by choosing natural imagery, he has tapped into the power of symbols and metaphor and has used words he knew would get through to her. In doing so, he recognizes her needs as a whole person and not just her cardiac perfusion. The respect the physician engenders as a result is reflected in how the poet capitalizes Doctor.

Discussion

I undertook this survey of Canadian contemporary poetry to find out what Canadian poets had to say about doctors. I hypothesized that I would find physicians on a spectrum of caring to aloof, but who all shared a certain competence and scientific rigour. What I found was that while doctors are rarely—though potently—portrayed as malicious or incompetent, we poets often see them as patronizing and selfish; only occasionally do they appear as humane or healing presences.

Poets also indirectly commented on the intellectual scope of medical practice. Is medicine a science? Is it an art? Amongst medical types, this is a debate that seems never to grow old (see Saunders; Jenicek). Glen Downie and Leigh Kotsilidis show us physicians gathering evidence in their move toward a diagnosis. Clinical medicine, based on investigation, manipulation, and observation, surely at least resembles science. But in most cases, physicians at work in Canadian poetry are shown more as craftspersons, doing the hands-on work of medicine: starting intravenous lines, performing surgery, or administering medication. Is this because poets are typically not familiar with, or interested in, the working end of science?

Possibly, but I think the poets are onto something important here. Since the early nineties, the rule of evidence has taken on increasing importance in both medical education and in public expectations of medicine (see Zimerman). Certainly my own medical practice is scientific insofar as it is informed by scientific literature, and in that I use tools of the scientific method—not to mention technology—to diagnose and treat my patients. But as a poet, I am also highly narrative in my medical practice. I think getting the story straight is important in diagnosis and treatment; but truthfully, when it comes to story, I am a moth to flame. I am vindicated by my older mentors who tell me that the diagnosis almost always comes from the careful work of listening and from the physical exam—the laying on of hands.

It is because of my scepticism toward medicine's sidelining of narrative that I chose the traditional format of the scientific paper to examine medicine in poetry. I said earlier that the scientific format assumes knowledge is accrued in a neat, modular fashion, and that knowledge is

reproducible, given adequate disclosure of methods. It will also be obvious to scholars of narrative that my gesture at “sampling” Canadian poetry through perhaps a hundred books in order to arrive at general conclusions is, while (hopefully) informative, also somewhat ludicrous. I have chosen this parody because I wanted to illustrate that packaging information in the IMRAD fashion does not arrive at gospel. By using a scientific trope to examine poetry, I have tried to imply that narrative approaches to medicine (both its practice and representation) are inherently critical, illuminating, and regenerative. I am not alone in this opinion, as a growing body of work at the intersection of literature and medicine attests.²

And so, poets, in reflecting the daily bloody-mindedness and -handedness of medicine, show us that medicine sits only somewhere close to science, and that physicians, as slicksters and soothsayers, can wield terrible power in the most intimate places of human bodies and minds. It would be fascinating to know how this portrayal fits with physicians’ own self-concepts, given that physicians are notoriously poor at evaluating their own performance (see Davis et al.). Either way, these are words of caution from the poets. And if poets speak for society in general—it would be fascinating to learn more about public perceptions of physicians; what patients/people want more of and less of from doctors; and how they feel physicians might be better trained to listen to their stories—then perhaps physicians should be more deeply invested in the interstices of literature and medicine: it can be like a good long look in the mirror.

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NOTES

- 1 The astute reader will recognize I am being coy here. I have also chosen the traditional “IMRAD” paper form (Introduction, Methods, Results, and Discussion) to interrogate its assumptions: that rigorous knowledge is constructed in a neat modular fashion by attempting to falsify hypotheses; that one is aware of the totality of one’s own biases and limitations; and especially that knowledge is reproducible, given that a reasonable set of directions is provided. The narrative disciplines, I think, are more fittingly skeptical about reproducibility, and understand that every reader brings a different set of interpretive skills to a set of data, whether those data are textual, genetic, or biochemical.
- 2 See Rita Charon’s *Narrative Medicine*, H. S. Wald and S. P. Reis’ “Beyond the Margins,” Martin Donohoe’s “Exploring the Human Condition,” A. H. Hawkins and M. C. McEntyre’s *Teaching Literature and Medicine*, and Johanna Shapiro’s “(Re)Examining the Clinical Gaze.”

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