

The art of medicine

Medicine's human voices

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We have lingered in the chambers of the sea
By sea-girls wreathed with seaweed red and brown
Till human voices wake us, and we drown.

T S Eliot, "The Love Song of J. Alfred Prufrock"

It starts of course at a bedside, no, at a bed. Her voice more breath than sound, rasping puffs of it, each a subtraction. Just say that again? What did you say then? The curtains around us are all buffeted: by drug rounds, the lunch trolley, the press of porters' bodies with their radios crackling, a television on the wall blaring out catastrophes. The whole six-bedded bay is an orchestra tuning. Past it, further out, the ward hums: nurses' calls, bleeps, alarms, and the endless ringing of phones. Sorry, what was that? Her eyes roll with exhaustion, then a flash of rage, then close again.

Writing this now, my childhood dream returns. Something frightening, very close. And my face, mouth, my whole body, aching and straining to shout, even just to expel some sound. I must tell someone, now. But no voice comes. In the din of medicine, what are the voices of our patients, what are our voices, that they become so hard to hear?

Dying from oesophageal cancer, Christopher Hitchens described his loss of voice as "an amputation of the personality". For all intents he felt that he, as a person, was his voice. He wrote: "In the medical literature the vocal 'cord' is a mere 'fold', a piece of gristle that strives to reach out and touch its twin, thus producing the possibility of sound effects. But I feel there must be a deep relationship with the word 'chord': the resonant vibration that can stir memory, produce music, evoke love, bring tears, move crowds to pity and mobs to passion. To lose this ability is to be deprived of an entire range of faculty: it is assuredly to die more than a little."

Human voices pass back and forth between patients, nurses, and doctors, all of us. One person's voice handed on to another, holding as many beliefs, fears, and hopes, as it does facts. This surely is medicine's frontier—more so than the laboratory, or the big discovery, or the scalpel breaking skin. The evidence is all very well, but it surfaces and is reckoned with in a place of messy humanity and a chorus of subjective voices. Of course we have a clear duty to critically assess and rationally argue towards clinical and ethical decisions, but are we really saying that a medical encounter can be kept sterile of the more exposed human voice, not just our patients' but also our own?

We almost choose to not hear it. Is this for reasons of professional distance, or clinical objectivity, or is it

because when we hear our patient's words, we actually hear the sound of our own fragility and mortality, and so close ourselves against it, as Janet Frame said, "like a flower closing against the night"?

What is the sound of this voice? The psychoanalyst Stephen Grosz recalls Simone Weil's story of two prisoners in neighbouring cells learning, over time, to communicate with one another by tapping on a shared wall; she commented that the means of their separation was also the fact and means of their connection. Grosz writes: "It's about listening to each other, not just the words but the gaps in between. What I'm describing here isn't a magical process. It's something that is a part of our everyday lives—we tap, we listen."

In medicine, only the thinnest membrane separates us from our patients, indeed from our being patients ourselves, a tenuous line between sickness and health. To hear our patients' voices sound across it and then for us to tap back, is to identify with a suffering that might very well be our own, to empathise. The whole enterprise of communication skills training for health professionals seems suddenly hollow before Grosz's call for something that is neither elusive nor magical: the pedestrian and genuine exchange of human voice.

How then, through our voice, might we meet our patients authentically? In her poem, "How to Behave With the Ill", Julia Darling illuminates how we might meet our patients, with our voice being central:

Approach us assertively, try not to
cringe or sidle, it makes us fearful.
Rather walk straight up and smile.
Do not touch us unless invited,
particularly don't squeeze upper arms,
or try to hold our hands. Keep your head erect.
Don't bend down, or lower your voice.
Speak evenly. Don't say
"How are you?" in an underlined voice.
Don't say, I heard that you were very ill.
This makes the poorly paranoid.
Be direct, say "How's your cancer?"

And Raymond Carver, in "What the Doctor Said", shows that our voices have the force to carry and perpetuate beyond these encounters, impressing themselves deeply into our patients' worlds:

I just looked at him
for a minute and he looked back it was then
I jumped up and shook hands with this man who'd just
given me
something no one else on earth had ever given me
I may even have thanked him habit being so strong.

Year after year, health care's combined deafness to medicine's human voices leaves us headline-worthy failures of health care. Less newsworthy, but as importantly, the effects ramify every day in our work places. Listen for a moment to a general practitioner and me on the phone, at odds over whether to admit a patient to hospital. Our days running already late, we might arrive from some other difficult conversations. Fuses now lit, one of us snaps at the receptionist who is interrupting with a question. She leaves, upset, to bump into the patient we are discussing, frightened and tired at the wait and confused communication, now tearful, now complaining. And so on. Our voices are filled and driven by myriad unconscious weights. Arising largely unacknowledged, unheard by us even as the speakers, they fly and land through the corridors, phone lines, and emails of organisations dedicated ostensibly to health.

The poet Anne Carson comments on this process in her exploration of tragedy as an art form; she says that tragedy exists "because you are full of rage. Why are you full of rage? Because you are full of grief." And Grosz's account might ring a more familiar bell in his confession about a conversation with a colleague: "I did what many people do when they're angry: I made a joke." We fail to own and believe the force of our own irrational and trembling voices; is it a surprise then that we fail to hear the voices of our patients?

Where then is the tipping point between hearing our patients and ourselves, and self-preservation? In his poem "Preparation", Czeslaw Milosz talks of the world's atrocities, the kind of news I can hear now on the ward television, drowning out my patient's words. He comes to wonder if his voice is sufficient to adequately meet and describe such events, and he concludes with the realisation that "I haven't yet learned to speak as I should, calmly." How might we speak calmly, in the charged world of the medical encounter? Might physicians have misconceived this entirely, championing equanimity and clinical distance? Mightn't this position be too disengaged, too unmoved by our patients' voices?

Perhaps the voice medicine is in pursuit of demands authenticity, neither undue spin nor sentimentality, but a true appraisal of things as they are, a compassionate connectedness, and so a motivation to act, almost a genuinely political voice. W H Auden announced such an incisive and empowered voice, in his poem "September 1, 1939":

All I have is a voice
To undo the folded lie,
The romantic lie in the brain
Of the sensual man-in-the-street
And the lie of Authority
Whose buildings grope the sky



Dr Emma Collins

These lines of poetry, and their buildings pressing at the sky, call to mind the myth of the Babel tower. How a single, distanced, and homogeneous code for human suffering, perhaps the kind that medicine can find itself aspiring to, just one cold note to tell all our pain, is an act of likely hubris and folly, collapsing from its heights to the plains where truths are rarely unitary but versions of experience are multiple, like a chorus sounding. The poet Louis MacNeice described this as "the drunkenness of things being various". Rather than contriving to sterilise the clinical encounter from its manifest babble of voices, we'll serve patients and medicine well if, humbled and enchanted by the plurality, we hear and are moved to act by the continuum of human voices passing around and through us.

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Thank you to Richard Holloway for his insights into the Babel myth.

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Further reading

- Auden WH. Selected poems. London: Faber, 2009
- Carson A. Grief lessons: four plays by Euripides. New York: NYRB Classics, 2009
- Carver R. All of us. New York: Vintage, 1996
- Darling J, Fuller C, eds. The poetry cure. Glasgow: Bloodaxe, 2005
- Eliot TS. Collected poems 1909–1962. London: Faber, 1963
- Frame J. The pocket mirror. London: The Women's Press, 1992
- Grosz S. The examined life. London: Chatto & Windus, 2013
- Hitchens C. Mortality. London: Atlantic, 2012
- MacNeice L. Selected poems. London: Faber, 1988
- Milosz C. New and collected poems 1931–2001. London: Penguin, 2005