

# **Becoming a Doctor: A Journey of Initiation in Medical School Study Guide**

**Becoming a Doctor: A Journey of Initiation in Medical School by Melvin Konner**

(c)2015 BookRags, Inc. All rights reserved.



# Contents

<a href="#">Becoming a Doctor: A Journey of Initiation in Medical School Study Guide.....</a>	<a href="#">1</a>
<a href="#">Contents.....</a>	<a href="#">2</a>
<a href="#">Plot Summary.....</a>	<a href="#">4</a>
<a href="#">Introduction: A Compensatory Pause.....</a>	<a href="#">5</a>
<a href="#">Basic Clinical Skills: The First Encounters.....</a>	<a href="#">7</a>
<a href="#">Emergency Ward Surgery: No Man's Land.....</a>	<a href="#">8</a>
<a href="#">Anesthesiology: The Technicians of Sleep.....</a>	<a href="#">10</a>
<a href="#">Ward Surgery: Crossing the Boundary.....</a>	<a href="#">11</a>
<a href="#">Neurosurgery and Neurology: Lesions of the Soul.....</a>	<a href="#">12</a>
<a href="#">Psychiatry: The Mind-Body Problem.....</a>	<a href="#">14</a>
<a href="#">Pediatrics: Suffer the Children.....</a>	<a href="#">15</a>
<a href="#">Obstetrics: The Anatomical Volcano.....</a>	<a href="#">16</a>
<a href="#">Gynecology: The Machinery of Creation.....</a>	<a href="#">18</a>
<a href="#">Pathology: The Aspect of Death.....</a>	<a href="#">19</a>
<a href="#">Medicine I: A Failure of the Heart.....</a>	<a href="#">20</a>
<a href="#">Medicine II: Deathwatches.....</a>	<a href="#">21</a>
<a href="#">Medicine III: Healing and Hope.....</a>	<a href="#">22</a>
<a href="#">The Fourth Year: Highlights and Heroes.....</a>	<a href="#">23</a>
<a href="#">Conclusion: Healing Artisans.....</a>	<a href="#">24</a>
<a href="#">Characters.....</a>	<a href="#">25</a>
<a href="#">Objects/Places.....</a>	<a href="#">31</a>
<a href="#">Themes.....</a>	<a href="#">36</a>
<a href="#">Style.....</a>	<a href="#">39</a>
<a href="#">Quotes.....</a>	<a href="#">41</a>
<a href="#">Topics for Discussion.....</a>	<a href="#">44</a>



## Plot Summary

Melvin Konner's autobiographical story *Becoming a Doctor: A Journey of Initiation in Medical School* was published in 1987 based on his experiences at Galen Memorial Hospital. He had just completed his two-year course of study at Flexner Medical School affiliated with the hospital. Konner was an anthropologist who earned his Ph.D. by the time he was twenty-five. Subsequently he did two years of anthropological research in Africa and taught six years as a Harvard University professor when he decided to become a medical student. At 33 years-old he had reflected on his life and still wanted to be a doctor. He considered this continuing late-age desire as proof of his "motivation to study medicine." His Uncle Bobby was a general practitioner in Brooklyn where his influence affected Konner's goals then and apparently continued into his adulthood.

He was in his mid-thirties with a successful career as author, anthropologist and Harvard instructor. He was married with a family when he decided on the "abnormal beat" of medical education and this book resulted. Konner wrote it as a "compensatory pause" which is like a brief rest in the heart cycle after an experience of "premature ventricular contraction," or "missed heartbeat." Konner "missed" an opportunity to study medicine when he became an anthropologist instead, but the idea stayed in his mind. This book shares his "journey" through medical school. Melvin Konner's text *Becoming a Doctor: A Journey of Initiation in Medical School* is a 390 page autobiographical story of his two years as a medical student while doing clinical rotation at Galen Memorial Hospital. The book is an interesting sketch of two years in the life of a mature medical student who describes experiences, conflicts, joys and pains of life in a teaching hospital.

Ironically, Melvin Konner, M.D. is not practicing medicine except to the extent he is affiliated with the Department of Psychiatry in his position as Samuel Candler Dobbs Professor of Anthropology at Emory University. In his book he does not say he wants to be a doctor. He states at the end of this work about being a practicing physician, "I am saving society a very large sum of money for each year I refrain." He seems to have spent a lot of time and trouble to become a physician and write a book about it that may motivate neither potential physicians nor casual readers to emulate. A reader considering medical school may prefer chapters in an order other than Konner experienced by chance.



# Introduction: A Compensatory Pause

## Introduction: A Compensatory Pause Summary and Analysis

Melvin Konner's autobiographical story *Becoming a Doctor: A Journey of Initiation in Medical School* was published in 1987 based on his experiences at Galen Memorial Hospital. He had just completed his two-year course of study at Flexner Medical School affiliated with the hospital. At four-fifteen one Sunday morning, medical student Melvin Konner awaits an inflow of human wreckage from a normal urban Saturday night in the Emergency Ward admitting lobby of Galen Memorial Hospital. A stretcher was rolled in by E.M.T.'s (Emergency Medical Technician) that carried a screaming young woman soaked in blood, in apparent pain but breathing and alive. Konner, fellow medical student, Margaret, and nurses are instructed by intern Freddy Robertson to remove her clothes to examine her. Her name is Madeline. Senior resident Mike Bowker examined her head and neck and directed traffic while nurse Charlene placed a second I.V. line in her arm and junior resident Scott Lucas inspected a wound on her chest. Madeline started writhing and yelling so the staff held her down while Freddy drew a blood gas sample for testing. Scott anesthetized an area to insert a tube to reinflate her lungs. Four units of cross-matched blood were hung for transfusion and Madeline was moved from E.W. (Emergency Ward) to an O.R. (Operating Room).

Konner considers his book a "compensatory pause" which is like a brief rest in the heart cycle after "premature ventricular contraction," or "missed heartbeat." In his mid-thirties career, marriage and family Konner decided on the "abnormal beat" of medical education. This book is the compensatory pause that followed. He reflects back on his life and cannot remember ever not wanting to be a doctor, which was proof of his "motivation to study medicine." His Uncle Bobby was a general practitioner in Brooklyn who was trained to serve his patients first and "lived between his car and his patients' homes." Dr. Finkel was the neighborhood general practitioner who cared for Konner as he grew up. Konner volunteered in high school on the pediatric surgery ward of Kings County Hospital. He had medical school applications to complete but studied anthropology. By twenty-five he earned his Ph.D. and taught anthropology at Harvard until he became a medical student.

Konner studied and refreshed his learning for the Medical College Admission Test that he took. He scored in the upper range and applied to eighteen medical schools. Each school like Columbia, Cornell, Yale, Harvard and others were interested, interviewed and discussed their program with him. Konner selected a two-year pre-med classroom course at the Flexner School of Medicine associated with Galen Memorial Hospital. Four instructors made a significant impression on Konner's preclinical experiences. Dr. Feldstein presented a contrasting range of patients from a baby boy with a congenital anomaly to the seventy-four-year-old woman with chronic symptoms that mysteriously disappeared. A condescending Dr. Kaplan made fun of patients and their illnesses while



boring students with his lectures, and a pompous Dr. Wyndham presented a terminal patient with A.L.S. (amyotrophic lateral sclerosis or Lou Gehrig's disease) sitting in the audience with his wife. The former Jesuit priest and psychiatrist Dr. Fleming had a memorable impact on Konner with his "four laws of medicine" that doctors keep doing things that work, stop doing things that don't work, do nothing if you don't know and never call a surgeon.



# Basic Clinical Skills: The First Encounters

## Basic Clinical Skills: The First Encounters Summary and Analysis

Many medical students look forward to an initial encounter with patients unless they have prior experience as nurses, assistants or hospital volunteers. Most of them are younger than Konner with naïve energy that overcomes timidity or lack the fear older students have. He recalled a younger student who sympathetically said "tough break" to start talking with a young quadriplegic while Konner worried about what to say and said nothing. He learned the patients almost always want doctors to speak to them. First-year students have initial clinical experiences in small hospital group settings. The group Konner accompanied was led by an immigrant neurologist physician who insisted on the instruction "Touch the patient." Their first stop was at a middle-aged moaning woman where a third-year medical student inserted a needle into the restrained and frail woman. Konner took her hand, brushed back her hair and said it'll be alright.

Konner took Part I of the National Medical Board Examinations for licensure that distressed him because he felt he could do better than his score in the middle of the class. During initial basic clinical skills class medical students were assigned to patients who consented to student interviews. Konner was assigned to do a complete neurological examination on a twenty-two year old auburn-haired woman he found attractive. He had not examined a patient before and tried to conceal that from her but was uncomfortable. Konner also took more time doing reports than the others in his student group. His first surgical experience was with a plump, middle-aged Irishman who let Konner feel for an offending lump in the armpit under the skin of a young male patient on the operating table. Konner's experience of feeling under the skin of another human was unforgettable.

Konner's Basic Clinical Skills experience was with two of the best clinical teachers he had in medical school. Ross Weinberger was the internist who supervised Konner's patient examinations and Ed Gold supervised his pediatric work. Konner had experience as an anthropologist with African children who contrasted with the relatively healthy children Gold treated in his department. Konner and his pregnant wife already had one child so he was sensitive to the treatment of children in other countries and times. Other physicians confirmed the level of public health practices in a civilization is more critical for good health than the treatment an individual receives.



# Emergency Ward Surgery: No Man's Land

## Emergency Ward Surgery: No Man's Land Summary and Analysis

The term "rotation" refers to a two-month period during which a medical student is assigned to work within a specific specialty at the hospital. Konner began his first rotation with Galen surgery on his thirty-sixth birthday. Ironically he had no plans to become a surgeon, especially not via this most rigorous assignment that was usually done by third-year students. Surgeons were men, mostly, of action who thrived on stress, got little sleep and liked making life or death decisions. Konner was a married Harvard University professor when he began med school and now was assigned Emergency Ward Surgery to work daily and every other night. The surgeon in charge ordered Konner to discard his new leather medical bag he bought in Florence that was "useless."

John Williams took Konner on his rounds. Williams was acknowledged as an intern who had set clinic records for monthly earnings. Konner felt embarrassed when Williams ignored a patient's question and simply walked out. The Director of Trauma Surgery was Jack Parker who had criticized Konner's medical bag. Parker began six-thirty lectures with the imperative to remember their "ABC's" since they have no time to analyze as the "first-hour physicians." For example he stated, "Airway, Breathing, and Circulation" plus Disability - consciousness and Expose - remove clothes. He continued talking on AVPU, LCS plus CXR, and AMPLE but declined Konner's question about a c-spine injury with CPR, which reminded Konner of his own KMS (Keep Mouth Shut).

His first "Saturday Night Knife and Gun Club" was quiet except for a lady's purple finger. He got her rings off in a minute with help from the "orthopods" a.k.a. the orthopedic staff, after forty-five minutes of sawing ordered by the arrogant but ignorant intern Freddy Robertson who didn't know what he was talking about. A motorcycle accident offered Konner an opportunity to recall fifteen minutes of ABC's that felt like fifteen seconds as it happened but fifteen hours waiting for the patient to get strong enough for transfer to an O. R. On another shift, a street person named Bigelow suffering withdrawal fell down and appeared with a minor injury, but really wanted a place to stay dry, or not drink any alcohol, for the night. Surgeons wanted to send him out without a psychiatric order and the nurse refused to call a psychiatrist that late. Konner found an empty bed and told him to report to detoxify in the morning. A young man with a knife wound appeared to have severed a tendon that Steve Ray had expertise healing but Freddy insisted he could repair it himself. An attractive young woman had a facial gash that Steve Ray's experience with "plastics" made him proficient in handling but Freddy insisted again on trying it himself. A third situation occurred in which Freddy insisted



Konner anesthetize and stitch a minor wound that would heal with a band-aid. Konner visited the chapel on his last shift to reflect on the trauma patients he treated.



# Anesthesiology: The Technicians of Sleep

## Anesthesiology: The Technicians of Sleep Summary and Analysis

Included in Konner's E.W. surgical rotation was one week of O.R. anesthesiology. The anesthesiologist temperament was intellectual, witty and detached compared to the tough surgical type. Anesthesiologists maintain human consciousness of patients between life and death. They are subordinate to the surgeons although many view themselves as the O.R. director and surgeons their actors. Konner was assigned to Dr. Jonathan Gill who instructed the med students to find an anesthesiologist and patients prepped for surgery to sit in on. A busy nurse helped Konner start several I.V.s and the anesthesiologist Dr. Ramirez let him help in "bagging" a patient, which meant squeezing a rubber bag to pump anesthetic and oxygen by hand to a seventy-year old masked man. He watched Ramirez "intubate" him by placing a tube through a device in his trachea. He relocated the bag from his mask to the tube to keep the man breathing until the automatic respirator was set up. When the patient stabilized, a nurse-anesthesiologist took over and Ramirez went to several more O.R.s with Konner to spend fifteen to forty-five minutes with anesthetized patients.

The next day Ramirez assigned Konner to do an intubation on a lady for a surgeon, Dr. Ruskin, who was doing cosmetic surgery to remove brown spots caused by a medical condition she had. Ruskin disapproved and insisted Ramirez intubate. He released Konner to find another procedure that he did with Dr. Gill and returned to Ruskin's O.R. Ruskin was bragging, while finishing up his surgery, that he spent the weekend chopping wood. Konner helped the patient come out of anesthesiology after almost three hours of surgery that the nurses thought Ruskin could have finished much sooner. When Konner returned the next day he met another physician he had helped in the E.W. She authorized his first intubation that was successful and he did several more intubations and practiced keeping O.R. records for her. Konner's nightly assignments kept him tired.

On another day Konner asked Ruskin if he could watch his implant surgery. Ruskin agreed but insisted Konner not scrub in and stand back from the table since it was a "super-sterile" procedure. He claimed to do the procedure with complete homeostasis and asepsis, which meant neither bleeding nor infection. While performing the procedure Ruskin insisted on releasing her that day despite the nurse-anesthesiologist concern she not be released after being so long under anesthesia. Ironically, chief of anesthesiology Dr. Ridgely opened the O.R. door to tell Ruskin she couldn't be released because she'd been under general anesthesia four hours. Konner was satisfied he successfully performed six intubations, five or six I.V.s, bagged patients and was well along on mastering his ABCs.



# Ward Surgery: Crossing the Boundary

## Ward Surgery: Crossing the Boundary Summary and Analysis

The walk-rounds began at six-thirty in the morning with Konner's class that gathered in the E.W. Half were in mid-shift and half were beginning their shift as they transferred overnight information. Chief surgical resident Marty Wentworth appeared to announce their departure as they marched upstairs to the wards. Fifteen medical personnel in the group rudely woke patients as they hurriedly completed rounds to begin assignments. Konner had scrubbed in during Anesthesia and Basic Clinical Skills, but scrubbing this first time for Marty felt real in preparation for the gallbladder removal scheduled.

The new intern Mike Colucci would do the procedure while Marty watched. They finished scrubbing and backed into the O.R. touching nothing while the surgical nurse helped get gloves and gowns on them. The patient was ready and Mike began cutting layers of fat on the obese woman. Konner pulled back on the retractor, which was a device to hold open a clear field for Mike to cut in. When Mike accidentally and prematurely cut the patient's cystic artery, Marty unmercifully criticized him as blood spurted all over anyone in range. This experience convinced Konner Marty was not only a bad teacher, but practiced bad medicine. Later that day on trauma rounds Marty and Dr. Carter disagreed and embarrassed themselves when they took inflexible opinions about an unsettled notion that made them both look silly in front of their colleagues. The next day Konner scrubbed in with David Milano who directed Mark Rice on a herniography. Later that day they performed an exploratory procedure on a lady in her early seventies. Milano let Konner put his hand in her abdomen to feel for a tumor that meant to him crossing the boundary that separates the body from the world.

During rotation Konner was exposed to crude resident behavior like snickers at a woman who tested positive for gonorrhea. Mark asked Konner to remove stitches from her appendectomy. She expressed mixed feelings at going home to her husband by whom she was unknowingly infected. Konner prepared her wound to remove stitches and commiserated with her marital situation. He asked if her husband was a good father and husband. When she replied positively he reassured her and spoke about his own marriage and family. The medical procedure should take three minutes but Konner took fifteen to help with her emotional healing as well. He remembered a poem one of the nurses taped to a wall of the ward that said in part, "Take time to hear my words" and later "Let me share the fears I know. Please, sit here by my bed."



# Neurosurgery and Neurology: Lesions of the Soul

## Neurosurgery and Neurology: Lesions of the Soul Summary and Analysis

During Konner's last week of surgery, a New York Times article claimed requirements for scientific detail exceed concern for human needs at medical schools. Konner watched a television doctor show he thought unrealistic because the doctors seemed to care deeply about patients. Konner looked forward to his rotation in neurosurgery that began with watching an operation done by the world's most famous brain surgeon. Dr. Brennan had turned back the "dura mater" or protective matter of Gerald Edwards' brain to operate. Brennan used a vacuum suction device on Edwards' right frontal lobe. Test tubes were prepared and sent to pathology for testing. As the suctioned cavity enlarged, more samples were analyzed until Dr. Brennan took a seventh sample announced as low grade astrocytoma, malignant and a tumor that would kill him if not removed. Brennan saw beyond his CAT scans.

Senior neurosurgical resident Peter Byron led rounds at six, used a flashlight and spoke gently to half-asleep patients. Neurosurgical patient Edwards lay healing in N.I.C.U. (Neurological Intensive Care Unit) where he was in a stupor but stable from his operation. Edwards was assigned to Konner for interview. He was relieved that Edwards still had mental acuity from surgery although he had difficulty with memory. He could do only one activity at a time and interruptions made him dizzy and lose concentration. His headaches were gone and he retained his own identity.

Often the loss of identity is characteristic of brain disease. For example, Konner described personality changes that occurred with Edie. She was a forty-year old mother whose personality disorders began at thirty-seven with agitation, hostility and loss of personal cleanliness habits. Later she became calm and incontinent as she evidently lost her identity. Edie was asked by one of the best neurologists in America, Professor Lippmann how she was. Edie replied she felt great but her legs were gone. She had no history of causative life-style habits like alcohol or drug use nor treatable symptoms. She apparently had early-onset Alzheimer's disease. Her illness was consistent with brain atrophy that showed up as widened grooves in her cerebral cortex. Konner eventually understood the bitterness and cynicism frustrated residents demonstrated when they ridiculed long-term incurable patients like Edie for whom they could do nothing.

Some neurological patients had unexpected critical life-threatening diseases. For example, Konner met Francis Giannetti who was sixty-eight, fit, muscular and felt perfectly well when he got a pain in his right hip while jogging three months earlier. His CAT scan confirmed a destructive irreversible cancer on his right frontal lobe. Ironically, he thought his muscle cramped from jogging but now he faced dying. Treatment like

Edwards received from Brennan would put Giannetti in a condition worse than Edie. No treatment was appropriate at the time of his discharge for this healthy-seeming, muscular sixty-eight year-old active man who would die in months.



# Psychiatry: The Mind-Body Problem

## Psychiatry: The Mind-Body Problem Summary and Analysis

Konner's next rotation was psychiatry at Galen's affiliated Sullivan Psychiatric Institute. He was interested in psychiatry because his training in anthropology led him naturally to further study and understanding human behavior and how it breaks down. The field was divided between psychoanalysis promoted by Freud and others and recent developments in psychopharmacology where drug treatment for mental disorders like schizophrenia, mania and others was popular. Konner was conflicted between effective drug therapy and Freudian's ritualized "talking cure." His rotation group of six medical students met psychoanalyst Katherine Ballard in her office. She was particularly interested in the "borderline" syndrome and described a patient just beyond neurosis but not yet psychotic who can benefit from the psychoanalytic talking cure. Borderline patients were stable and open to therapy so psychoanalysts maintained their interest.

The group was sent out to the wards and Konner requested assignment on the Burdick unit that opposed Dr. Ballard by its emphasis on pharmacology. Many patients on the ward were severely ill but may recover and be discharged with the proven drug therapies Burdick promoted. Unit accommodations were well-designed and organized. Patients were scheduled for effective treatment within their insurance benefit period so as to avoid discharge to a state mental hospital. Sit-down rounds began at eight with psychiatric and medical staff. Twenty-five patients were reviewed and practical decisions made on their progress over the prior twenty-four hours. Walk-rounds were held three times weekly after morning conference where patients and staff met and talked.

Konner was assigned to Howard Cullen, who claimed to be "psyonic" by which he meant "having an infinite number of personalities" and claimed to become the people he was with. He had hallucinations and believed Lucifer and Mary Magdalene came to him. Howard used and abused street drugs and had been admitted this time because police referred him for causing a public disturbance. John Brandt was director of Burdick and diagnosed Howard an acute schizophrenic. He started Howard on Haldol, an antischizophrenic drug to prevent more psychotic episodes. Konner also assisted psychiatrist Herbert Reid to administer E.C.T. or shock therapy to four patients. Konner considered E.C.T. quite mild compared to surgeries he watched. A high point of Konner's psychiatric rotation was a day at Riverville state prison for criminally insane. Howard Cullen's brother Frank was housed there for psychotic homicide. Konner toured dingy, cold, institutionalized ward rooms with old hard furniture, populated by hundreds of violent male inmates sedated with powerful psychoactive drugs. Konner met Frank Cullen and saw Howard's similar illness from their shared genes and experiences.



# Pediatrics: Suffer the Children

## Pediatrics: Suffer the Children Summary and Analysis

Christmas break lasted two weeks after psychiatry rotation but Konner spent some of the vacation from student life to reply as anthropologist from his latest publication. He recalled the academic conference he spoke at as anthropology expert. Ironically, a brain scientist also spoke about a case Konner had experienced as a medical student and he inadvertently became the physician authority as well. He spent time with his family and reconfirmed his decision against being a surgeon because of his age, his young family's needs and the temperamental differences between abrasive surgical types and his own. Konner reviewed other clinical specialties and decided on medical psychiatry. During vacation he and his wife got sick and he got insight into what patients endure. For example, his wife had a fever but could answer questions and fill out forms so the desk clerk told her to wait. When Konner complained about waiting, the clerk told him truly urgent cases are delirious and can't do either.

January was spent in outpatient pediatrics to fulfill his third-year Galen requirement that appealed to his research with African children. He reported to pediatric emergency where the resident sent him a stream of sick children with minor problems to see all day and anxious parents to calm down. On his second day, he met Petey. He was a twenty-four-year-old "boy" housed at the state school for severely disturbed and mentally retarded. He was initially diagnosed with childhood schizophrenia. He had been good with mathematical calculations but at seventeen began assaulting people and had been at the state school for two years. Dr. Silverman was his neurologist and challenged him in math quizzes until Petey got frustrated and attacked Silverman. Three men were needed to get him under control before Petey calmed down again. Silverman had sympathy for the "disease" of hyperactivity that Konner recalled from his African experience. For example, African children ran around in the bush and raced from one activity to another. This was normal in a jungle but unsettling to a teacher in the American classroom trying to maintain order. Hyperactivity could be treated with drugs to change child behavior for a teacher's benefit.

Konner's experience in the general clinic of pediatric outpatient services under Dr. Haley made him feel like a doctor working side by side and co-equal. During the experience he developed skill to "pick-up" on non-compliant or undiagnosed conditions that suggested anemia in one case and child abuse in another. Konner found the outpatient clinic to be most often an opportunity to come across potentially serious problems, or "pick-ups" that a medical student could identify. Fortunately his working relationship with Dr. Haley let Konner rely on him when he was uncertain or uncomfortable. Adolescent growth and sexual development disorders were treated in the pediatric endocrinology clinic where he met one of his medical heroes, Dr. Johann Ringler. He was the most sensitive clinician Konner ever met and beloved by the children and teenagers he treated.



# Obstetrics: The Anatomical Volcano

## Obstetrics: The Anatomical Volcano Summary and Analysis

Konner looked forward to the privilege of working in obstetrics where delivering babies is an emergency situation in which the event was urgent and dangerous but usually had a positive result. Dr. Suskauer worked as an engineer before he became a doctor and head of the course. Other members of the group included Tom Raleigh, a second-year resident, and chief resident Frank Caggiola. The ward had labor rooms off the main corridor where patients could settle in bed to undergo labor and await delivery that was the second stage of labor. Babies were delivered in a specially equipped operating room where normal deliveries to emergency hysterectomies could be performed. Konner had researched reproductive biology and helped his wife in her two labors. His personal feelings were that obstetrics and gynecology should be done by women and labor and delivery should follow the mnemonic: "Every Damn Fool In Egypt Eats Eggs" or "Engagement, Descent, Flexion, Internal Rotation, External Rotation, Extension, and Expulsion" of the baby.

Konner's first week involved two deliveries of twins. The first was a small Vietnamese woman who made Konner wonder how a relatively huge baby could emerge and survive the compression of birth through such a small channel. The second was an Israeli woman who was infertile until treated with a drug that induced ovulation called clomiphene. His first days were taken up with watching, learning and some help like holding a retractor for delivery by Caesarian section. Konner's first normal delivery was a Chinese woman where he learned a Chinese word for "push." Tom Raleigh assisted the birth that began in a bed before transfer to the delivery room and an obstetrician arrived. Delivery of the baby proceeded without difficulty but Konner disliked seeing the tears caused by childbirth.

Konner found newborn babies a benefit of obstetrics and enjoyed staying with the baby when someone else delivered and stayed with the mother. Galen's newborn assessment procedure was used to screen any deficiencies for pediatricians to follow up on. Konner wanted to do as many deliveries as possible but was restricted by two rules that medical students did not assist last stage deliveries without knowing the patient and private pay patients had a right not to be touched by medical students. Chief resident Caggiola insisted Konner assist Georgia Davis which made him violate the rules, but he was appreciated nonetheless by the patient and her husband. He assisted two other difficult deliveries including an epidural anesthetic injection to lessen the pain of conscious delivery. Konner recognized the conflict inherent in childbirth with the mother wanting to fully experience birth while avoiding the intrinsic pain of birth. American women historically were anesthetized during childbirth and saw their newborn hours later. Subsequently, fully conscious childbirth was typical. Konner also assisted



difficult deliveries by C-section and another with a D & C, or dilatation and curettage to clear the womb of its placenta.



# Gynecology: The Machinery of Creation

## Gynecology: The Machinery of Creation Summary and Analysis

Konner began gynecology rotation coincidentally on Monday February 14, Valentine's Day. He spent two weeks delivering the output of creation and now would encounter the machinery of creation. Wendy Feinberg was a second-year resident in gynecology, which started daily with morning surgery, patient admittance afternoons, clinics and Emergency Room calls. His first patient was Laura who was admitted and operated on the next morning for a "conservative laparotomy" that was her last chance to remain naturally fertile. Her abdomen would be opened to assess and correct adhesions or abnormalities. Konner scrubbed in for her operation. After being scrubbed and gowned, Konner entered an O.R. where Infertility Fellow Joel Schwartzman paced impatiently for senior surgeon Professor Roth. When Roth arrived Laura had been prepped for surgery and anesthetized for her "tuboplasty" and "finbrioplasty" that would fix her Fallopian tube and the fringe on it if necessary. She was a candidate for I.V.F. or in vitro fertilization, or test-tube baby, that Roth advocated. Schwartzman cut her belly while Konner pulled the retractor to keep the wound open. Roth checked her right and left sides and decided it would be better to remove the tube to give her the best chance at I.V.F. The next day Konner saw Schwartzman in her room explaining her surgery.

Konner was concerned about two friends who were undergoing their last stages of pregnancy. One case had hypertension and the other was normal but wanted midwifery that Konner recommended only within a hospital obstetric ward. Konner's favorite Uncle Dave was in intensive care for a heart attack from congestive heart failure. Konner was especially fond of Dave because when he spoke about medical school, Dave recommended he first consider his family and his age, which Konner did often. Dave recuperated and Konner was relieved. On non-surgical afternoons Konner assisted at the family planning clinic where both birth control and pregnancy termination were available. Konner thought abortion a necessary evil but was especially contemptuous of educated women, and their long-term partners who had multiple abortions as a form of contraception. Daily lectures were held at seven and Dr. Suskauer's challenges were considered the best. For example, if a woman inadvertently starts labor on a subway a doctor should "maintain a watchful, waiting posture" which meant do nothing and let Mother Nature take her course.



# Pathology: The Aspect of Death

## Pathology: The Aspect of Death Summary and Analysis

Konner's trip to Galen by subway the day after his obstetrics and gynecology rotation ended was accompanied by severe gastric distress. Ironically, he advised mothers in labor to push like they were going to the bathroom and now found he had an irresistible need to do so as well, as if he forecast his own destiny. He recalled African experiences where husbands followed a ritual of inducing their own constipation when their wives went into labor as a form of sympathetic synthetic labor. He finally reached a bathroom to expel his diarrhea. At the hospital he began neuropathology rotation under Dr. Mattingly. She took him to the lab where Dr. Brennan had sent his patients' brain samples for analysis. The study of tissue and corpses was the final destination of sick patients. Konner recalled his experiences in the autopsy room with Dr. Craig long before this rotation began. His first autopsy and brain removal was of a forty-seven year old mathematician.

During Konner's experience with this rotation, his friends Barbara and Stan gave birth to their second child using a birthing room and nurse-midwives whom Konner recommended. Barb had complications by way of a fever that the midwife did not consider critical so was left untreated. While working in the neuropathology lab Konner received a call from Stan asking to meet him at the hospital. There was little Konner could do except assure him and translate the medical jargon since there were two obstetricians and an infectious disease expert already caring for her. Finally her delirium and fever passed and she was restored to health. Subsequently, however, Barbara was diagnosed with either pneumonia or pulmonary embolism but regained her health and Konner returned to pathology.



# Medicine I: A Failure of the Heart

## Medicine I: A Failure of the Heart Summary and Analysis

Dr. Harold Greenspan was a world-renowned chief of service in the department of medicine and wrote a textbook on cardiology. He got caught up in controversy by unknowingly defending a subordinate, which Konner dismissed as a typical problem with overburdened scientists. Greenspan emphasized it was impossible to memorize two thousand pages of medical data. He recommended learning to conquer information patient by patient by reading and understanding pertinent chapters. Sally Brass was a resident with whom Konner worked but whom he found vulgar and abusive. She wore tight slacks, high heels and tight bold colored sweaters that were inappropriate for a hospital doctor. They worked together one hundred hours each week for two full months. The admission records Konner and other students prepared in medicine rotation were ignored by Sally Brass and her second-year resident until after her own evaluation. She read them late at night, criticized them, and nitpicked Konner's work. For example, Konner helped clean up a patient and Sally said, "You know, you don't have to do that."

They were awakened at five-thirty to an emergency for an eighty-two year old woman who was demented and could not speak from a massive stroke. Konner knew Geraldine was D.N.R. (Do Not Resuscitate) and wondered why she was being given life-saving treatment, called "coding." Apparently confusion about her status developed between the nursing home and hospital lawyers that caused Geraldine to be kept alive while the lawyers reached a decision. The senior resident claimed the lawyer said to intubate and transfer her alive to I.C.U. On rounds that morning they came across another sad event where a vital, cheerful and alive patient who had had a mild stroke suffered a second severe stroke. Konner noticed a physician who cared for her many years had a tear in his eye.

The next week Konner confronted Sally about her nit-picking his admission notes. He said he was not trying to impress her with excellent work but just a passing satisfactory would be fine and to quit picking at him, which she apparently understood. All weekend she harassed him more by dictating on a phone near him whenever he tried to sleep. His lack of sleep was made worse by a recurrent toothache. Towards the end of this rotation Konner saw his friend Wendy Feinberg. He asked her if he could help with a delivery since she was now in obstetrics. Konner got an emotional boost when he passed the happy family of the baby he had just delivered. Finally at the end of rotation he asked for a transfer from Sally Brass and was assigned to Lily Corwin.



# Medicine II: Deathwatches

## Medicine II: Deathwatches Summary and Analysis

Konner was nominated for a National Book Award dinner that required he be away from the hospital for thirty hours, which gave him time to visit an old friend and reconsider his situation. He diagnosed a syndrome he named R.P.T.A. for Rapidly Progressive Testicular Atrophy, caused by sleeplessness, humiliation, ignorance and confusion shown by lack of confidence and pride. Upon returning to the hospital his syndrome was reinforced when nobody asked what he did, where he was or how it went.

His new intern Lily Corwin was kind and efficient at internal medicine and gave Konner assignments that kept him busy and learning. The first patient she assigned had Pickwickian syndrome that meant he continually fell asleep during the day from lack of sleep at night and obesity. His treatment with C-PAP (continuous positive airway pressure) successfully cleared his blood chemistry but he still fell asleep and did not get well. Sally Brass remained on the team with Lily Corwin and assigned Konner a procedure he did not know for which she berated him. The patient required a toxic anticancer drug named "Big Red" by huge syringe and the nurse kept asking Konner whether he had injected it before. Alerted by her questioning Konner researched the procedure to discover it was in fact not one he should do because done incorrectly could cause infection, destruction and amputation of a limb. Finally Sally did the procedure herself and the patient suffered arm damage.

Konner met a new attending physician, Nancy Downing, who praised two of his patient presentations. Their rounds were made poignant by the fact three patients were probably terminal. The terminal patients included a forty-two-year-old woman who had leukemia with a poor prognosis, a sixty-seven-year-old man with a swollen belly gasping for breath that Sally said was well enough to go somewhere else to die, and the third was a terminal cancer patient named Judy who one of the nurses said would die that day. One of the sayings on rounds for the month was from late comedian George Burns who quipped, "Not many people die after ninety." Dr. Downing neglected to discuss D.N.R. with another terminal patient who coded on Mother's Day. Downing let the residents explain to her daughter why her mother should be allowed to die. Konner asked Dr. Nathan who shed a tear when a patient died to accompany him on rounds where he saw how Nathan cared about them.



# Medicine III: Healing and Hope

## Medicine III: Healing and Hope Summary and Analysis

One of Konner's friends called to discuss with him applying to medical school. Konner tried to be objective but their meeting in the Galen cafeteria was distracting to his friend surrounded by all the white coats. Konner was on call that night and had six more weeks in medicine. A patient named Charlotte dominated the rest of his stay. She was a forty-year-old woman who had an eating disorder that caused related illnesses of inflammatory bowel disease, abdominal pain, fevers and sweats, urinary and fecal urgency, burning pain in her upper belly, bulimia and disrupted body chemistry from malnourishment, anemia and other maladies. She had a psychiatric disorder associated with body image. Konner's notes about her condition ended with the comment she appreciates kind attention but Dr. Downing red-penciled it off. Konner went with Downing to talk to a sixty-five-year-old daughter on the day her mother named Tillie died. Dr. Downing offered no comfort to the daughter. Ironically, that week an article appeared titled "Med School, Heal Thyself" that discussed in part the "inhumane behavior of doctors."

Charlotte's doctor was Richard Harrison who was also head of the medical student course and a specialist in gastroenterology who focused interest on gastrointestinal tumors. He was unwilling to consider her psychiatric condition despite interference with her physical problems and would not approve psychiatric consultation. Konner met Dr. Adams who was the physician for Sophie Hellman and asked what they could have done to make her survive. Adams said she refused catheterization or angiogram but Konner found that confusing from her compliant behavior. Konner researched Sophie's records and found no notes by Adams or Brass about catheterization or symptoms to watch before she died. After a change in Charlotte's medication and subsequent surgery she began recuperating. Dr. Harrison evaluated Konner's performance "near excellent" and above average in psychological aspects of patient care.



# The Fourth Year: Highlights and Heroes

## The Fourth Year: Highlights and Heroes Summary and Analysis

Entering the fourth year of medical school after his successful "sink-or-swim" third year left Konner with a sense of coasting. He was not yet a doctor although he had the skills and performed many of the critical medical events or at least observed them. The fourth year would facilitate development of skills without direct responsibility and enable the student to take electives, concentrate in a specialty or combine the two. The next year may bring pressures of internship, but the fourth year allowed time to explore, think and consolidate. There were two physicians and a radiation department Konner wanted for elective time.

Konner wanted more work with John Brandt and his approach to radical pharmacology. Konner was influenced by Brandt's insistence on evidence in patient care and psychodynamic interpretation. Konner and Brandt shared three patients, Riggs, Snell and Jonquil. Brandt disbelieved in diagnosis of schizophrenia except in the case of Riggs. Konner met Riggs in a bare white room with a mattress and no sheets for a mental status exam about his obsessive thoughts. Snell threw a chair out the window and Jonquil was depressed although Brandt could regularly cheer her. Another hero of Konner was Johann Ringler in pediatric endocrine. He specialized in treating juvenile diabetics and anorexics. Ringler would make simple, clear deals with his patients. For example, he agreed to outpatient treatment of a sixteen-year-old if she gained a pound week or he would return her to the hospital where she would be confined to bed and watched constantly. When she broke her promise, Ringler hospitalized her.

Konner also wanted some time in diagnostic radiology since he missed it previously when he opted for neuroradiology. Two faculty members, Betsy Sinclair and Barry Goldfarb who Konner nicknamed "Beauty and the Beast" ran the unit. Betsy was thirty and a brilliant Southern woman with sensuous lips and a musical soothing voice while Barry was from Brooklyn, foul-mouthed and vulgar. They were both experts in cerebral angiography or brain imaging. Konner's last two rotations were at Galen II located in the city's worst slum surrounded by half-burned-out neighborhoods. Mal Goodman was director of the Emergency Room and spent twelve hours daily there except for "metabolic rounds" of minutes each for breakfast, lunch and dinner. Konner's last elective rotation and clinical experience was delivering babies on Galen II's obstetrics ward Simson 4, where students were encouraged to do every normal vaginal delivery possible. Konner delivered twenty-six babies that month.



# Conclusion: Healing Artisans

## Conclusion: Healing Artisans Summary and Analysis

Konner took an objective view to describe his time as a medical student but recognized he wrote subjectively from four points of view as anthropologist, educator, middle-aged husband and father. Konner also brought two years experience in Africa where he saw the essentially religious experience of healing performed by ritual healers compared to American medicine's "spiritual wasteland" and doctors with tests, drugs and scalpels. Konner is interested in psychiatry, neurology, obstetrics, gynecology and pediatrics as expressed in growth, development and behavior. His middle-aged, extensive experience gave Konner greater understanding than his peers and wisdom to express it judiciously. Since he was a university professor he had definite ideas about training and learning methods. For example, Konner saw memorized lists of facts in classrooms as ineffective as memorized decision trees in clinical settings. Specifically he criticized the huge body of facts to be learned that were agreed by all as unwieldy but no one fixed.

Konner expressed concern about the future of medical training beyond the estimated cost to society of "\$450,000 per physician-year (income, overhead, hospital care, drugs, and amortization of capital costs.)" Ironically, Konner is not practicing medicine and makes the wry claim, "I am saving society a very large sum of money for each year I refrain." Concerns included early specialization based on science, shortened time for the first two years content, instruction on dealing with patients as individuals and admission based on test scores among others. Although attempts are made to test different ideas, Konner is skeptical because the more things change, the more they stay the same. Medical students train to become interns and residents after the example of the house officers with whom they work. Konner claims that house officers work 100 hours weekly and receive \$20,000 annually, just like the senior physicians once did so that the hospital can operate within its budget. Doctors are like army officers who make life and death decisions fighting dangerous enemies under strict chain of command. Konner's final optimism is expressed in his reassurance that healing is possible and is everywhere going on in creatures daily.





# Characters

## Melvin Konner

Melvin Konner is the name of the author and subject of *Becoming a Doctor*. Trained and educated as a practicing university anthropologist, Konner decided in his mid-thirties to leave his teaching career and enter medical school to become a physician. He reflects back on his life and cannot remember ever not wanting to be a doctor, which was thought to be proof of his "motivation to study medicine." In his last year of high school, Konner volunteered on the pediatric surgery ward of Kings County Hospital. Although he had medical school applications to complete, Konner studied anthropology at Harvard. By twenty-five he had earned his Ph.D. and opted to teach anthropology for six years as a Harvard professor until he became a medical student.

Konner considers this book a "compensatory pause" which is like a brief rest in the heart cycle after "premature ventricular contraction," or "missed heartbeat." In his mid-thirties amidst a career, marriage and family Konner decided on the "abnormal beat" of medical education and this book is the compensatory pause that followed. He studied for the Medical College Admission Test and scored in the upper range when he applied to eighteen medical schools. He selected the two-year pre-med classroom course at the Flexner School of Medicine that was associated with Galen Memorial Hospital for his medical training.

Konner was thirty-six after he finished the classroom course to begin his clinical training by rotation through hospital specialties. His first assignment in surgery was most rigorous and typically done by third year students. During the month of his last assignment Konner delivered 26 babies at Galen II's Simson 4, which he thoroughly enjoyed and found satisfying. Ironically, Konner is not currently practicing medicine. Since costs to society of each physician border on one-half million dollars annually Melvin Konner makes the wry claim, "I am saving society a very large sum of money for each year I refrain."

## Uncle Bobby

Uncle Bobby is the name of Konner's uncle who was a family physician and had a major influence on Konner's early childhood motivation to become a doctor. Konner reflected back on his life and cannot remember ever not wanting to be a doctor, which was considered to be proof of his "motivation to study medicine." His Uncle Bobby was a general practitioner in Brooklyn who was trained to serve his patients first. He was so dedicated to his profession that he "lived between his car and his patients' homes." Dr. Finkel was a neighborhood general practitioner who cared for Konner in childhood as he grew up.



## Dr. Fleming

Dr. Fleming is the name of a former Jesuit priest and psychiatrist. He made a memorable impact on Konner with his "four laws of medicine." Fleming declared that doctors 1) keep doing things that work, 2) stop doing things that don't work, 3) do nothing if you don't know and 4) never call a surgeon.

## Jack Parker

Jack Parker was Director of Trauma Surgery and the individual who criticized Konner's medical bag. He began six-thirty in the morning lectures with the imperative to remember their "ABC's." Because they were working in trauma as the "first-hour physicians" on frontline treatment of medical emergency, they would have little time to think about what to do next. Consequently Parker's "ABC's" referred to the basics, airway, breathing and circulation. Parker refused Konner's question about c-spine injury with CPR, which reminded Konner of his own KMS (Keep Mouth Shut).

## Freddy Robertson

Freddy Robertson is the name of an arrogant but ignorant intern with whom Konner was assigned to work and determined he didn't know what he was talking about. Robertson insisted Konner spend forty-five minutes sawing rings off a patient but then Konner asked the orthopedic staff and got them off in a minute. Robertson consistently decided against the good sense and expertise available on the trauma team. For example, a young man with a knife wound had severed a tendon that resident Steve Ray had expertise repairing. Freddy refused to ask him claiming he could repair it himself. An attractive young woman had a facial gash Ray's experience with "plastics" or plastic surgery made him proficient in handling but Freddy insisted again on doing it himself. In a third situation, Freddy insisted Konner anesthetize and stitch a minor wound that would heal with a band-aid.

## Dr. Ramirez

Dr. Ramirez is the name of the anesthesiologist who first let Konner help him "bagging" a patient. Bagging involved squeezing a rubber bag to pump anesthetic and oxygen by hand into a masked surgical patient. Ramirez also demonstrated to Konner "intubation" of a patient by placing a tube through a device in his trachea and then relocating the bag from mask to the tube to keep the man breathing until he set up the automatic respirator. Ramirez visited several O.R.s at a time where he spent fifteen to forty-five minutes each with anesthetized patients to supervise nurse-anesthesiologists who took over from Ramirez when the patients stabilized and the operation continued.



## Marty Wentworth

Marty Wentworth is the name of the chief surgical resident. Wentworth led morning rounds with a group of fifteen medical personnel who marched upstairs to the wards. On the way, they looked at X-ray films as they went in and out of patient rooms. Wentworth and his group rudely woke patients as they hurriedly completed their rounds. The first time Konner scrubbed in for an operation with Marty Wentworth felt official as the surgical team prepared for a gallbladder removal. Wentworth was in charge of the surgery and directed the new intern Mike Colucci who accidentally cut the patient's cystic artery. Marty reacted by criticizing Colucci unmercifully. This experience convinced Konner Marty was a bad teacher and practiced bad medicine. Wentworth was on trauma rounds with Konner later that day when Marty and another doctor named Carter argued about an unsettled notion. They embarrassed themselves by taking inflexible opinions that made them look silly in front of colleagues.

## Dr Brennan

Dr Brennan is the name of the world's most famous brain surgeon. Konner's rotation in neurosurgery began by observing an operation performed by Brennan. Dr. Brennan had turned back "dura mater" or the protective layer of Gerald Edwards' brain on which he was operating. Brennan used a vacuum suction device to destroy Edwards' right frontal lobe. Test tubes were prepared and sent to the pathology lab for analysis. As the suctioned cavity enlarged, more samples were analyzed until Dr. Brennan took the seventh sample. That final sample was announced to be low grade astrocytoma, malignant and a tumor that would have killed him if not removed. Brennan was able to see it even though the CAT scan images did not show it.

## Katherine Ballard

Katherine Ballard is the name of the psychoanalyst who met with his rotation group of six medical students in her office where she handed out their weekly conference and seminar schedule. Ballard was particularly interested in the "borderline" syndrome and described the syndrome exhibited by a patient who was considered just beyond neurosis but not yet psychotic. Borderline patients are susceptible to psychoanalytic talking cure rather than psychopharmacology since there was no promising drug treatment for those on the borderline.

## John Brandt

John Brandt was one of Konner's two medical heroes. Brandt was director of the Burdick unit. He considered a patient named Howard a true acute schizophrenic and candidate for lithium trial, which was a rare diagnosis for Brandt. He started Howard on Haldol, an antischizophrenic drug that would prevent more psychotic episodes. At the end of his clinical experience Konner wanted to spend more time as elective with John



Brandt and his approach to radical pharmacology. Brandt initially got into psychoanalysis because that approach was required to lead in psychiatry. However, at his mid-career point psychopharmacology had become popular. Konner was influenced by Brandt's insistence on evidence in patient care and in psychodynamic interpretation.

## **Dr. Silverman**

Dr. Silverman is the name of a neurologist who treated a patient named Petey. He challenged him in math until Petey got frustrated and struck out at Silverman. It took three men to get Petey under control and calmed down again. Silverman was sympathetic to childhood hyperactivity, which conflicted with Konner's African experiences in anthropology. Dr. Silverman represented the cultural differences between American and African child-rearing. For example, African children ran free in the bush and raced from one activity to another. This behavior was normal in the jungle but would be unsettling to a teacher in an American classroom trying to maintain order. Attention deficit disorder and hyperactivity were treated with drugs in America to change this normally active childhood behavior that was done primarily for the teacher's benefit to maintain order in the classroom.

## **Dr. Haley**

Dr. Haley is the name of a physician in charge of the outpatient clinic who made Konner feel co-equal to him like a doctor working side by side. While working with Haley, Konner developed skills to "pick-up" non-compliant or undiagnosed conditions. For example, he saw symptoms that suggested anemia in one case and the evidence of child abuse in another. Konner found the outpatient clinic to be an opportunity to come across potentially serious problems, or "pick-ups" that an alert medical student could identify. Fortunately, his working relationship with Dr. Haley enabled Konner to rely on him when uncertain or uncomfortable.

## **Johann Ringler**

Johann Ringler is the name of a physician who was one of Konner's medical heroes. He specialized in adolescent growth and sexual development disorders that he treated in the pediatric endocrinology clinic. Dr. Ringler was the most sensitive clinician Konner met. He was beloved by the children and teenagers he treated. He treated juvenile diabetic and anorexic patients with simple clear deals. For example, he offered outpatient treatment to a sixteen-year-old girl as long as she gained a pound a week. If she did not gain, he would return her to the hospital where she would be confined to bed and watched constantly. When she broke her promise, Ringler kept his and hospitalized her to gain the weight she promised.



## Frank Caggiola

Frank Caggiola is the name of the chief resident in obstetrics. He insisted Konner assist Georgia Davis despite breaking Galen rules. She was a private patient that Konner first met during delivery which violated Galen obstetrics rules. Konner was appreciated nonetheless by the patient and her husband.

## Dr. Harold Greenspan

Dr. Harold Greenspan is the name of a world-renowned chief of service in the department of medicine and author of a textbook on cardiology. He got caught in controversy by unknowingly defending a subordinate's faulty research. Konner dismissed this oversight as a typical problem with overburdened scientists. Greenspan emphasized it was impossible to memorize two thousand pages of medical data. He claimed students could more effectively conquer the data by reading and understanding pertinent information patient by patient.

## Sally Brass

Sally Brass is the name of a resident with whom Konner worked but found vulgar and abusive. She was younger than him, wore tight slacks, high heels and tight bold colored sweaters inappropriate for a hospital doctor. They worked together one hundred hours weekly for two full months. Admission records Konner prepared in medicine rotation were ignored by her until after her own evaluation. She read them late at night and criticized him by nitpicking them and his other work. For example, Konner helped a nurse clean up a patient and Sally said disgustedly in front of her, "You know, you don't have to do that." He told Sally he was not trying to impress her with excellent work and a passing satisfactory would be fine.

She apparently understood since, in retaliation, she harassed him all weekend by dictating on a phone near him when he tried to sleep. She also assigned him a procedure he did not know and then berated him. The patient was to get a toxic anticancer drug named "Big Red." A nurse kept asking Konner if he had used the huge syringe before. Alerted by her questioning, Konner researched the procedure with a more senior nurse and found the procedure was in fact not one he should administer. Incorrect injection could cause infection, destruction and amputation of a limb. Sally did the procedure and the patient suffered extensive arm damage.

## Dr. Nancy Downing

Dr. Nancy Downing is the name of a new attending physician. She praised two of Konner's patient presentations. He appreciated her praise of his work. However, Downing neglected to discuss D.N.R. (Do Not Resuscitate) status with another patient who was coded on Mother's Day. Downing left it up to the residents to tell her daughter



why her mother should be allowed to die. Konner went with Downing to talk with a sixty-five-year-old daughter on the day her mother died but offered no comfort to her. Despite kindness to him, Konner found Downing's manner with patients and their relatives insensitive and lacking in consideration.

## **Dr. Nathan**

Dr. Nathan is the name of a physician who shed a tear when his long-time patient died. Konner recognized this as unusual behavior for most doctors with whom he worked and might have reminded him of his childhood physician or Uncle Bobby. Konner asked to accompany him on rounds and was appreciated. Konner noticed how much his patients believed he cared about them.

## **Richard Harrison**

Richard Harrison is the head of the medical student course and a specialist in gastroenterology. He focused primary interest on his bias towards gastrointestinal tumors. Harrison would not consider the psychiatric condition of a patient, Charlotte, despite its interference with her physical problems. He denied her a psychiatric consultation for no apparent reason. Dr. Harrison subsequently evaluated Konner as "near excellent" and above average in psychological aspects of patient care.

## **Beauty and the Beast**

"Beauty and the Beast" is the nickname Konner gave to the two faculty members, Betsy Sinclair and Barry Goldfarb, who ran the diagnostic radiology unit. Betsy was a thirty-year-old brilliant Southern woman with sensuous lips and a musical soothing voice Konner called "Beauty." Her associate Barry was from Brooklyn like Konner but, unlike him, was foul-mouthed, vulgar and nicknamed the "Beast." Betsy and Barry were equally expert in cerebral angiography or brain imaging.



# Objects/Places

## Galen Memorial Hospital

Galen Memorial Hospital is the name of the hospital where Konner began his clinical work and is affiliated with the Flexner School of Medicine he attended. Galen II is a medical facility or branch of Galen located in the city's worst slum surrounded by half-burned-out neighborhoods. Galen II Emergency Room is a haven for the area's patients. Galen II's second floor obstetrics ward is named Simson 4. Galen also runs Sullivan Psychiatric Institute with its Burdick unit.

## EMT (Emergency Medical Technician)

EMT (Emergency Medical Technician) is a term that denotes emergency medical personnel who transport injured or sick patients to hospital by ambulance.

## Compensatory pause

"Compensatory pause" is the term used by Konner as a metaphor to describe the time spent writing this book. Medically the term actually refers to a brief rest in the heart cycle after "premature ventricular contraction," or a "missed heartbeat."

## Medical College Admission Test

Medical College Admission Test is the name of the test Konner took to seek admission to a medical school. Konner scored in the upper range of the test and applied to eighteen medical schools. Each school, including Columbia, Cornell, Yale, Harvard and others expressed interest, interviewed and discussed programs with him. Konner selected the two-year pre-med classroom course at the Flexner School of Medicine associated with Galen Memorial Hospital.

## National Medical Board Examinations

National Medical Board Examinations is the name of a test Konner took and scored in the middle of his class. A passing score is required for licensure.

## Rotation

"Rotation" is the term that refers to a two-month period during which a medical student is assigned to work within a specific specialty at the hospital.



## Basic Clinical Skills

Basic Clinical Skills is the name of the first clinical class in which medical students were assigned to patients who agreed to student interviews. Konner was assigned to do a complete neurological examination on a twenty-two year old auburn-haired woman he found attractive. He had not examined a patient before and tried to conceal that fact from her but was uncomfortable.

## ABC's

ABC's is the term Jack Parker used to denote the life-saving steps that must be taken automatically in trauma surgery. There is no time to analyze since "first-hour physicians" must treat emergencies automatically. For example, ABC refers to airway, breathing and circulation that are required for continued life.

## Orthopods

Orthopods is the term that refers to the orthopedic staff that helped Konner to remove rings from a woman whose finger swelled and turned purple from them.

## O.R. anesthesiology

O.R. anesthesiology is a term that refers to operating room anesthesiology. The anesthesiologists maintain patient unconsciousness between life and death during surgery and are subordinate to the surgeon's direction.

## Bagging

"Bagging" a patient is the term that refers to squeezing a rubber bag to pump anesthetic and oxygen by hand to patients wearing a mask or after intubation to facilitate continued breathing. The bag is transferred from the mask to a tube after "intubation" which is the procedure of placing a tube through a device in the trachea. The bag is relocated from the mask to the tube until the patient is set up on the automatic respirator to maintain continued breathing.

## Rounds

Rounds is the term that refers to the regular in-room review of patients assigned to a group of physicians, nurses, other medical personnel and students. Rounds may begin and end regularly throughout the day to assess the continuing condition of patients for follow up, analysis, review and questions. For example, members of a group on rounds may be half mid-shift and half beginning shift to transfer data.





## **Retractor**

Retractor is the name of a device used in surgery to hold open flesh, fat and other soft tissue that enables a surgeon and others access to the patient's internal organs.

## **Dura mater**

"Dura mater" is the name of protective matter around a brain that is held back when the brain is being operated on.

## **Borderline syndrome**

"Borderline" syndrome is the term used to describe a patient who was considered just beyond neurosis but not yet psychotic. This patient type is susceptible to the psychoanalytic talking cure because there is no promising drug treatment. The borderline patients were generally stable, relatively well and open to therapeutic relationships that initiated psychoanalytic literature about the syndrome.

## **Burdick unit**

Burdick unit is a term that referred to the psychiatric facility or ward whose emphasis opposed Dr. Ballard by its focus on pharmacology. Many patients on the ward were severely ill but may recover and be discharged with proven drug therapies that Burdick promoted. The unit accommodations were well-designed, organized and the patients were scheduled for effective treatment within their insurance benefit period to avoid discharge to state mental hospital. Twenty-five patients were accommodated and practical decisions and recommendations made on their progress over each twenty-four hour period.

## **Psyonic**

"Psyonic" is the term devised by a psychiatric patient named Howard that meant "having an infinite number of personalities" and he claimed to become the people he was with. He had hallucinations and believed Lucifer and Mary Magdalene came to him among other delusions.

## **E.C.T.**

E.C.T. is the abbreviated term used to indicate electroconvulsive therapy or shock therapy that was administered by psychiatrist Herbert Reid to patients. Konner considered ECT a procedure that was mild compared to the surgeries he watched.



## Riverville State Prison

Riverville State Prison is the name of a state prison that had a unit housing the criminally insane. Howard Cullen's brother Frank was incarcerated there for psychotic homicide. The unit had dingy, cold, institutionalized ward rooms with old hard furniture and was populated by violent male inmates under powerful psychoactive drugs. Konner met Frank Cullen there and saw Howard's same illness from shared genes and experiences in two vastly different personalities.

## General Clinic

General Clinic of Pediatric Outpatient Services is the name of the outpatient clinic run by Dr. Haley. Konner learned skills there to "pick-up" non-compliant or undiagnosed conditions and come across potentially serious problems that a medical student could identify and draw on Haley's medical experience.

## Every Damn Fool In Egypt Eats Eggs

"Every Damn Fool In Egypt Eats Eggs" is a mnemonic phrase to recall stages of childbirth. Each word's first letter is a reminder: "Engagement, Descent, Flexion, Internal rotation, External rotation, Extension, and Expulsion" of the baby.

## Apgar scoring

"Apgar scoring" is the term that describes the Galen newborn assessment system to award points for heart rate, skin color and other elements to screen any lack of normalcy for pediatricians to follow up on.

## Epidural anesthetic

Epidural anesthetic injection is the name of a procedure to minimize pain with conscious childbirth delivery. Konner recognized the conflict inherent with an expectant mother who wants to fully experience giving birth while avoiding the intrinsic pain of birth. In the 1950s expectant American women were put to sleep during childbirth and greeted their newborn hours after delivery. The epidural enabled fully conscious childbirth that subsequently became typical.

## Conservative laparotomy

"Conservative laparotomy" is the name of a surgical procedure that could enable a woman to remain naturally fertile. Elements of the procedure were "tuboplasty" and "finbrioplasty" that would fix the Fallopian tube and fringes on it. If the tube required

removal the woman may be a candidate for I.V.F. or in vitro fertilization, the test-tube baby procedure that Roth advocated.

## **Midwifery**

Midwifery is the term used to describe the use of midwives to assist childbirth. Konner recommended midwives be used only within an obstetric ward hospital to avoid any unnecessary risks resulting from complications of pregnancy.

## **D.N.R. (Do Not Resuscitate)**

D.N.R. (Do Not Resuscitate) is the term used to indicate authority to withhold any extreme measures to maintain a patient's life. In the event of terminal illness a patient may place an order in advance that life-saving measures not be used.

## **R.P.T.A.**

R.P.T.A. is the term Konner devised for Rapidly Progressive Testicular Atrophy, caused by sleeplessness, humiliation, ignorance and confusion shown by lack of confidence and pride. His syndrome was reinforced when no one at Galen asked how he enjoyed the National Book Award dinner that he was invited to attend.

## **Big Red**

"Big Red" is the term used to describe the highly toxic anticancer drug applied by huge syringe that was risky and should be done only by experienced personnel.



# Themes

## Alphabetic Soup

Professionals develop a lingo or common language with which to talk to each other and code language so practitioners remember and follow protocol. Medical signals can mean life or death. Hospital emergency wards (EW) can be a hotbed of anxious and frenetic activity so it is essential to resolve critical issues. The Director of Trauma Surgery at Galen was Jack Parker. He cautioned medical students at morning lectures to remember their "ABC's." Doctors have little time to analyze patients wheeled in by emergency medical technicians (EMT) who have already done cardiopulmonary resuscitation (CPR) in the field. "First-hour physicians" must first check breathing and bleeding, which means "Airway, Breathing, and Circulation" (ABC). Patients have moments to live with blocked airway or not breathing and minutes for blood to drain from circulation. Last immediate things but not life-threatening are "Disability, Expose" (DE) meaning consciousness and remove all clothes to see what you've got.

After doing all that in minutes to assure a breathing, not-bleeding, conscious, naked body, check to determine if A-alert, hears V-responds to vocal, feels P- responds to pain, or not U-unresponsive (AVPU) to tell about cursory neurologic condition and then determine whether trauma patient is A-awake, V-vomiting, P-pupils, U-urination (AVPU) for brain or spinal cord damage. In the first 15 minutes, check lateral cervical spine film (LCS) to rule out broken neck and chest X-ray (CXR) for flail chest or mediastinal injury. Finally, check history with A-allergies, M-medications, P-prior major illness, L-last meal, E-events leading to injury (AMPLE). From EW, patients may be hooked up to intravenous (IV) and transferred to magnetic resonance imaging (MRI) or CAT scan (CT) or operating room (OR) ward room for admittance and observation or obstetrics-gynecology (OB-GYN) for natural delivery or caesarian section (C-Section). Some more serious patients may transfer to intensive care units (ICU), whether cardiac (CICU), pulmonary (PICU), neurological (NICU) or other with or without instruction like do not resuscitate (DNR) if terminal.

Konner's experience with being an older medical student, an anthropologist and Harvard University professor gave him insights and understanding far beyond the other students and some doctors. He developed some alphabetical lingo of his own that gave him some sense of personal satisfaction regardless of being able to share the ideas with other students or instructors. Early on he learned from Parker when he asked about CPR with a spinal injury to KMS (keep mouth shut). Years of medical school training taught him to live with sleeplessness, humiliation, ignorance and confusion. Through it all he developed a syndrome evidenced by lack of confidence and pride that he identified as RPTA (Rapidly Progressive Testicular Atrophy).



## Four Laws of Medicine

During the first two years of his medical schooling, Konner was particularly impressed with four instructors. Among them the former Jesuit priest and psychiatrist Dr. Fleming made a memorable impact on Konner with his "four laws of medicine."

Fleming's first law of medicine was "keep doing things that work." For example, the physician Johann Ringler specialized in adolescent growth and sexual development disorders he treated in the pediatric endocrinology clinic. Dr. Ringler was beloved by the children and teenagers he treated. He treated diabetic and anorexic patients by making simple, clear deals with them. For example, he agreed to outpatient treatment of a sixteen-year-old anorexic girl if she gained a pound every week. If she did not gain a pound he would return her to hospital for 24-hour supervision and weight gain.

Fleming's second law of medicine was "stop doing things that don't work." For example, Richard Harrison was head of the medical student course and a specialist in gastroenterology. Harrison was biased towards gastrointestinal tumors and saw all conditions in those terms. Harrison refused to consider any other possibilities for his patient Charlotte's condition and denied her a psychiatric consultation for no apparent reason. When Harrison was out of town, a nurse ordered a psychiatric work up that showed her psychiatric condition interfered with physical problems and was cleared up. Harrison would not stop Charlotte's treatment despite the fact it did not work.

Fleming's third law of medicine was "do nothing if you don't know." For example, Sally Brass assigned Konner a procedure he did not know and then berated him when he declined to inject a toxic anticancer drug named "Big Red." He was alerted by a nurse questioning him and researched the procedure with a more senior nurse. He discovered he should not administer the drug since, if done incorrectly, could cause infection, destruction and amputation of a limb. Sally injected the patient and Konner discovered later the patient suffered extensive arm damage since she did not know the procedure either, which was apparently why she wanted Konner to do it.

Fleming's fourth law of medicine was "never call a surgeon." For example, Konner treated a street person named Bigelow who was suffering withdrawal and claimed he fell down. Bigelow appeared to have a minor injury, but Konner thought he really wanted a place to stay dry for the night. The surgeons on call wanted to send him out without a formal psychiatric order but Konner found an empty bed for him to use so he could stay dry for the night and report to detoxify the next day. Had Konner called the surgeon on call Bigelow would have been sent out to continue his alcohol abuse.

## Bedside Manners

A frequent complaint and occasional compliment about doctors is their "bedside manner." It is an open question whether a patient can return to health as well from a highly educated and experienced medical scientist as from a sensitive caring healer. In his experience as anthropologist in Africa, Konner was exposed to ritually primitive tribal



healers who restored health to sick natives. A disappointment for Konner in medical school and clinical practice was the rude insensitive behavior from the doctors who were his mentors and whom he was expected to emulate. Konner's Uncle Bobby was his uncle and a family physician who influenced his early childhood desire to become a doctor. Uncle Bobby was a general practitioner in Brooklyn who was trained to serve his patients first and "lived between his car and his patients' homes." Both Uncle Bobby and Dr. Finkel, the neighborhood general practitioner who cared for Konner as he grew up, were sensitive caring healers. The tribal healers he knew for two years in Africa reinforced that ideal.

While doing clinical rotation, Konner read a New York Times article that claimed medical requirements for scientific detail exceeded regard for human needs at medical schools. Konner was disillusioned watching a television doctor show called "St. Elsewhere" that he considered unrealistic. The doctors seemed to care deeply about their patients unlike many of the Galen doctors. For example, during his Basic Clinical Skills John Williams led students on rounds where he was known as an intern who set clinical records for monthly earnings. Konner was embarrassed for him when Williams ignored a patient question and simply walked out of his room. Another doctor named Marty Wentworth was the chief surgical resident. Wentworth led early morning group rounds of fifteen medical personnel. They marched upstairs to the wards and looked at X-ray films as they went in and out of patient rooms. Often Wentworth's group rudely woke patients as they hurriedly completed their rounds. Unlike the chief surgical resident, Peter Byron was the senior neurosurgical resident who also led early rounds. Byron demonstrated his caring bedside manner by using a flashlight as he spoke gently to half-asleep patients.

Most medical students were younger than Konner and had naïve energy that overcame timidity or the lack of fear older students have. He recalled another student that sympathetically said "tough break" to open conversation with a young quadriplegic. The older Konner worried about what to say but reluctantly said nothing. He learned later that patients almost always want doctors to speak to them. Another group Konner accompanied was led by an immigrant neurologist who insisted on the instruction "Touch the patient." Their first stop was at a middle-aged moaning woman where a third-year medical student inserted a needle into the restrained and frail woman without saying anything. As they left, Konner took her hand, brushed back her hair and said it'll be alright. On another occasion Konner noticed Dr. Nathan shed a tear when his long-time patient died. Konner recognized this as unusual behavior for most of the doctors he knew and may have reminded him of his childhood physician or Uncle Bobby. Konner asked to accompany Dr. Nathan on rounds and noticed how much his patients believed he cared about them.



# Style

## Perspective

Melvin Konner, M.D. wrote *Becoming a Doctor: A Journey of Initiation in Medical School* based on his experiences at Galen Memorial Hospital. He had previously completed a two-year course of study at Flexner Medical School that was affiliated with the hospital. Konner had studied anthropology at Harvard and earned his Ph.D. by the time he was twenty-five. He had done two years of anthropological research in Africa and opted to teach anthropology for six years as a Harvard professor when he became a medical student. He reflected back on his life and could not remember ever not wanting to be a doctor. He considered this continuing late-age desire as proof of his "motivation to study medicine." His Uncle Bobby was a general practitioner in Brooklyn and had an influence on Konner as did Dr. Finkel who was his family doctor as he grew up.

Konner wrote this book as a "compensatory pause" which is like a brief rest in the heart cycle after "premature ventricular contraction," or "missed heartbeat." He was in his mid-thirties with a successful career as author, anthropologist and Harvard instructor. He was married with a family when he decided on the "abnormal beat" of medical education and this book is the compensatory pause that followed. The author wrote it to share the experience of his "journey" through medical school. Ironically, Konner is not practicing medicine and does not say he wants to be a doctor. Apparently his purpose is not to show the way but it may be the reverse. He states at the end about being a practicing physician, "I am saving society a very large sum of money for each year I refrain." He seems to have spent a lot of time and trouble to become a physician and write a book about it that may motivate neither potential physicians nor casual readers to follow his course.

## Tone

Konner took an objective view to describe his time as a medical student but recognized he wrote subjectively from four points of view as anthropologist, educator, middle-aged husband and father. Konner also shared two years of experience in Africa where he saw the essentially religious experience of healing performed by ritual healers. He compares that experience to American medicine's "spiritual wasteland" and doctors who use tests, drugs and scalpels with little religious sensitivity. Konner is interested in psychiatry, neurology, obstetrics, gynecology and pediatrics and explored those interests in medical school. His middle-aged, extensive experience gave Konner greater understanding than his peers and wisdom to express it judiciously.

The fact that Konner is a middle-aged, mature and accomplished professional expert in anthropology may make his recollection of a strenuous clinical experience in medical school less enthusiastic. He is not recently graduated and looking forward to years of internship and residency at 100 hours weekly for \$20,000 a year before starting a



private practice. Konner is a university professor with lectures, publications and research credentials to promote. He satisfied his childhood dream to be a doctor like Uncle Bobby and wrote a book as compensatory pause. This book shares those insights with interested casual readers who may have wondered about medical school like the author.

## Structure

Melvin Konner's text *Becoming a Doctor: A Journey of Initiation in Medical School* is a 390 page autobiographical story of two years as a medical student doing his clinical rotation at Galen Memorial Hospital. The book is comprised of sixteen chapters plus an updated Preface written in September 1994, Contents and "A Glossary of House Officer Slang." Each chapter is numbered and titled generally by subject of rotation period and personal comment. For example, the fourth chapter title is "Anesthesiology: The Technicians of Sleep" and the seventh is titled "Psychiatry: The Mind-Body Problem." Chapters range from 13 to 36 pages. There is no index for quick reference to contents but the glossary provides an alphabetic listing of slang words used by the interns and residents for medical conditions and paraphernalia. For example, "crump" is a verb meaning to die, or fall apart, and "R.D." means a real doctor compared to various specialists like a radiologist.

Format of the book is particularly useful with regard to the Contents that list the rotation subjects Konner experiences. Except for "Basic Clinical Skills: The First Encounters" and his fourth year electives, required subjects are listed chronologically as selected by draw and experienced rather than academically according to medical curriculum. For example, "as my first clinical rotation ever I drew Galen and surgery . . . considered the most rigorous third-year rotation, was for future surgeons." A reader considering medical school may prefer reading chapters in a different order than that Konner experienced by chance. The section called, "A Glossary of House Officer Slang" is interesting and to some extent humorous although Konner does not use the terminology extensively. The book is an interesting sketch of two years out of the life of a mature medical student who describes experiences, conflicts, joys and pains of life in a teaching hospital without the shiny varnish of television doctor shows.





## Quotes

"This book is a compensatory pause. The 'abnormal beat' was a medical education that took place at the wrong time - in my mid-thirties, after I had settled in to another, promising career and also into a marriage and a family. It was as if the electrical stability of my life, the normal rhythm of the soul, was temporarily disrupted; there was a need to gather one's forces for the next normal beat." Pg 5

"And the medical student crossing them for the first time must pretend to the same confidence, ignoring the force and weight of all the previous years of obscure but strict training with regard to personal space. I certainly did try to pretend, and my task was greatly complicated by the fact that I was doing my very first physical examination on a woman who promptly aroused in me unmistakable if fleeting feelings of romantic tenderness and sexual desire." Pg 31

"I had been sent back to rewrite my own notes several times because I had omitted one or more of them. This was a basic lesson of all medical report-writing: in any situation there were certain key symptoms and signs the absence of which had to be formally documented; a default led not to the interpretation that the patient was normal in that respect but that that portion of the evaluation had been omitted - an inference that made the doctor (or medical student) a medico-legal sitting duck." Pg 46

"I would also, he knew, be treated to a dramatic personality contrast. If surgeons were hard-nosed, hard-driving, hail-fellow-well-met, locker-room types with a proud cult of toughness, anesthesiologists were intellectual and witty observers with an equally proud cult of detachment. It is they who are responsible for the patient's life from one moment to the next, and not the surgeon." Pg 74

"So was I. It felt good to have been a part of something so simple and so plainly effective. As for exposure, I was getting an ample share. I had had my hand deep inside the abdomen, feeling for tumor along with Milano and Rice. I had crossed the boundary that separates the body from the world, a boundary that is inviolate to all except those with the inclination to kill and those with the knowledge to heal - the two categories of people who hold power over human life and death." Pg 99

"Around this time I also happened to see the first episode of 'St. Elsewhere,' a new television series billed as a true-to-life doctor show. The situations were certainly more realistic than those I had seen on 'Ben Casey' and 'Dr. Kildare,' the doctor shows of my childhood. The young physicians seemed appropriately stressed, and the language had a realistic salty flavor, although nothing approaching the harsh vulgarity of real house-officer talk. But what was completely unrealistic was that the television doctors cared profoundly about their patients, not just as cases but as people." Pg 125

"In general I was interested in the role of the chaplaincy in hospitals, and I came to believe it could be greatly expanded. This was ironic for an atheist, but logical for a professional anthropologist. There is no society known to social science in which



spirituality does not have a role to play in healing. Most of the patients I met were at least believers, if not religious. If there were any truth at all to the presumed effects of mind on body, then spiritual counsel almost had to be good for them." Pg 175

"In the pediatric endocrinology clinic I learned about the complexities of biochemical balance in diabetes and thyroid disease, as well as a wide spectrum of disorders of growth and sexual development. It also introduced me to a man who would become one of my great medical heroes. He was Johann Ringler, a man in his early fifties who had emigrated from Germany as a child. He came from a family of physicians, and its traditions seemed to stream through his veins. He used to describe his father's rural medical practice in reverential tones, full of the excitement of old-fashioned clinical practice: 'My father used to be able to diagnose diseases by their odor.'" Pg 203

"Among, the !Kung San, I knew, women conceptualized childbirth as an almost ritual trial of physical courage. Except for the first child, or two, a woman was ideally supposed to manage the delivery alone and to face the ordeal and pain with a serene, solitary calm. In the modern history of obstetrics, European and American women went to an opposite extreme, and the ideal in the 1950s was to be put to sleep early in labor and to wake up and greet the baby some hours after completion of the delivery." Pg 223

"In contrast to the usual effect of renewing one's appeal by getting dressed again, patients generally seemed less attractive to me with their clothes on. They became ordinary. Of course, they looked better when they got better, but if they had not been very ill, or if they were in for elective surgery, there was an almost unearthly beauty in the presence they made lying in the bed in the hospital gown. They were in a special, sacred frame, and their relative helplessness seemed to draw me close to them. It made them seem larger, more important, and more appealing than they perhaps really were." Pg 235

"But I also was able to observe the whole autopsy process, and this gave me - just as it was supposed to - a new understanding of disease. To enable us to place the postmortem data in a fully meaningful context, we were responsible for summarizing the series of events leading up to death. This meant studying the 'patient's chart, doing the autopsy, and then writing up a story that had some sort of coherence. The process was like an ironic obverse of the usual patient discharge summary, which related in similar detail the events of the illness leading up to recovery." Pg 248

"The main effect of the hospitalization had evidently been to make her inappropriately complacent. No one had explained to her the most important things she needed to know. So she sat through symptoms that had previously alarmed her, until the extreme constriction of her coronary arteries produced a devastating infarction of heart muscle. And Dr. Gaines accepted my summary of what doctors like to call 'the take-home message,' An act of communication can sometimes be a life-saving intervention. This was my very own 'clinical pearl,' and I promised myself never to lose sight of it." Pg 277

"For each patient there was an intern, a second-year resident, a third-year resident, an admitting physician, and the attending physician (this month Dr. Downing), as well as



the ward chief, various consulting physicians and fellows, and an assortment of medical students. Each of the three residents, the admitting, and the attending could all be and were on various occasions said to be the patient's real physician." Pg 293

"That week Time magazine ran a remarkable story, 'Med-school, Heal Thyself,' describing what was wrong with medical education as seen by some of its most prominent leaders. They decried the reign of technology, the overwhelming memorization tasks, the inhumane behavior of doctors, and the brutality of the whole process of medical education. One of them was the dean of my own medical school." Pg 301

"Mal had sternly lectured us on the obscure presentation of certain abdominal crises in the elderly. In a young person, there is almost no mistaking a 'hot belly' - caused by a ruptured appendix or a twisted, infected loop of bowel. The pain is usually excruciating, and the 'chandelier sign' in response to pressing on the abdomen or to sudden release of the pressure - the patient screams and jumps up onto the chandelier - leaves little doubt as to the existence of a crisis. In the elderly, however, similarly dangerous and disruptive events in the abdomen can present without any severe pain or tenderness. Often the sensory nerves to the viscera are dulled by alcohol or diabetes or merely aging, and the result can be that only a mild nausea or sense of fullness signals an impending disaster." Pg 247

"I do not believe in God, or in an afterlife, or in any insubstantial component of the spirit. Yet I know - and this is increasingly being proved - that there is a nonphysical aspect to healing, which I am prepared to call spiritual. It relates to heart and mind, hope and will, love and courage, values and ideas, social and cultural - including religious - life. In the hospital, I learned to keep my thoughts to myself about all such matters." Pg 376



## Topics for Discussion

Identify, list and describe the departments and specialties Konner rotated through during the clinical stage of his medical education.

Explain and discuss the medical significance of the term "compensatory pause" and explain how Konner applies that term in his own medical education and writing career.

Identify, list and describe four physician instructors during his preclinical period who impressed Konner and explain the reasons they impressed him.

Identify and describe the procedure and purpose for which a patient is intubated. Have you or anyone you know been intubated? Describe the experience.

Identify and describe the significance of the time Konner took with removing stitches from the woman who tested positive for gonorrhea. How does this experience fit with his overall ideas and attitudes about medicine and healing?

Describe and discuss the significance of Dr. Brennan's neurosurgical skills on Edward's brain after six brain test tube samples tested negative.

Describe and discuss the disorder associated with "borderline" patients and explain why Dr. Ballard may have been particularly interested in the syndrome.

Identify and describe the symptoms and conclusion that the desk clerk used at the hospital where Konner's wife was told to wait for a doctor. How did Konner deal with this situation as a medical student having to wait for treatment?

Describe in detail the meaning of the phrase, "Every Damn Fool In Egypt Eats Eggs." Discuss how it fits in Konner's medical training.

Describe and discuss the best thing a doctor can do if he comes across a woman in labor on a subway. Discuss whether you agree or not.

Describe and discuss the significance of D.N.R. instructions and the reason it became a question with the eighty-two-year-old patient Geraldine. Discuss how the question was finally answered?

Describe and discuss the practical significance of the R.P.T.A. syndrome that Konner self-diagnosed. How would you recommend he cure himself?

Describe and discuss the reason why Konner refused to apply "Big Red." Discuss what you would have done in that situation. What was the final outcome?

Why was Dr. Nathan such an outstanding example that Konner asked to do rounds with him? Compare and contrast any other three doctors' behavior to Dr. Nathan.

Describe and discuss the situation that developed with the deceased patient Sophie Hellman, Dr Adams and Sally Brass. Discuss how you think Konner should have handled this situation with them and medical authorities.