

# A Physician = Emotion + Passion + Science

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PICK UP *JAMA* OR THE *ANNALS OF INTERNAL MEDICINE*, and what do you notice? The cover of *JAMA* is selected with meticulous detail and tells a story relevant to the world, to medicine, and to the right brain. Both journals devote space to something more personal than a scientific article: in the case of *JAMA*, *A Piece of My Mind* and in the case of the *Annals of Internal Medicine*, *On Being a Doctor*. There is even a place for poetry written by physicians. It is not clear how many physicians actually read their copy of *JAMA* or the *Annals of Internal Medicine* when they receive it, but it would be interesting to know how many of them read the sections that appeal to emotion, passion, and the right brain. In *A Piece of My Mind* or *On Being a Doctor*, the reader confronts a personal story written in the first person with undisguised emotions—passionate and compelling. Often the stories connect the reader with parts of medicine that have confronted every physician: death, dying, the nontypical patient, one's own frailty, or one's own health.

These personal stories comprise only a minor element in these scholarly journals. But most journals have no such element. No matter how diligently the science contained in the journals has been reviewed, no matter how aggressive the editors have been in identifying topics and work relevant to the practice of medicine, the scientific articles are written in a manner that, in many instances, adopts a bland, somnolent tone. The language has no passion, conveys no emotion. The words stimulate no visual image. Physicians have been taught to present their science in what is called a "flat manner": let the facts speak for themselves. Get rid of adverbs and adjectives, pictures, first person, and just let the science sing.

However, science rarely sings. What if science were presented in the same passionate, emotional style as in those accounts of personal experiences that moved the physician who wrote them? Instead of requiring a science article to have the standard introductory, methods, results, and discussion sections with a certain number of words and a certain number of tables, science articles should perhaps include cartoons, pictures, or emotional images that contain meaning and require the use of both the right and left brain. Perhaps permitting the personal would not degrade the sci-

entific process but rather increase the likelihood that the information contained in the journals would actually be read, absorbed, and used.<sup>1</sup>

Not very long ago, most of the practice of medicine was really about the information contained in the *A Piece of My Mind* or *On Being a Doctor* sections of the journals. There was very little science or technology that made a lot of a difference. Each patient was an individual with a family and a community. Each physician was an individual with a small amount of technology at his or her disposal. Every patient required a different art of care, whether it was the way the patient was touched by the physician or the manner in which experiences were shared or questions were asked. Without available or sufficient health insurance, physicians and patients had to work together to produce treatment plans that were consistent with the patients' culture and socioeconomic status and that reflected the patients' values about the kind of care they wanted and did not want.

That relationship between the physician and the patient changed. Although there was always a desire to remain healthy, as the science and technology of medicine improved, both physicians and patients wanted to take advantage of those potential health benefits. As technology continues to improve, contact with patients becomes more standardized. Procedures and tests are now easier to perform and do not require an artist to accomplish them; rather, they require someone who follows guidelines and operational manuals to make sure that the process of medicine is standardized so that maximum health benefits can be obtained. Thus, it is not unexpected that the communication of scientific advances in medicine would also become standardized, emotionless, and dispassionate.

However, the world of communication has changed. Today, the Internet, Facebook, LinkedIn, and all sorts of connected devices allow humans to immediately share photographs, emotions, thoughts, and passions. It is difficult to imagine a young physician growing up in this communication environment, trying to focus his or her brain on science studies that seem to be written in a language as for-

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eign as medieval English would be to modern inhabitants of the British Isles.

Can anything be done about this? Can information be conveyed with both scientific accuracy and with readability for the next generation of physicians? It would be interesting to experiment with a process that puts passion, emotion, and science together in a new way, producing peer-reviewed, objective information that is consistent with the experiences of the new generation of physicians and clinicians now being trained. It would be nice if the arrival of *JAMA* or the *Annals of Internal Medicine* at the door prompted curiosity and anticipation rather than, perhaps, a sense of duty.

Perhaps some baby steps can be taken. The last paragraph of a scientific article could contain a paragraph in the first-person that reflected feelings. For example, after publishing the results from the RAND Health Insurance Experiment, I was sad.<sup>2</sup> My coauthors and I demonstrated that providing care free to patients did not improve their health any more than did the care for which they paid a portion. Why was the medical care system so sloppy and chaotic that more care did not lead to better health? I was angry that I would spend part of my life defending co-payments because the American public could not be offered a system in which care was free at the point of service and actually produced better health.

If I had written an article for the A Piece of My Mind section, it would have been about watching my mother die from old age slowly at home. After sharing that each visit ended with tears, I would like to have asked a question about the science of dying. Can social isolation be reduced at the end of life? Can better systems of dying be put in place? Is everyone going to die in isolation? Is there a science of feeling at the end of life?

Medicine needs to be scientifically based, but physicians need to be engaged through their passions and emotions. The process of medical education can be redesigned to pay attention to all these desirable qualities simultaneously. The type of passionate, emotional, and personal messages conveyed in A Piece of My Mind or On Being a Doctor need not be a separate department in a journal, kept distinct from discussion of a new advance in the clinical practice of medicine.

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