COMMENTARY

In the performing art of medicine: the doctor as actor

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‘I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.’

Maya Angelou1

How much of a doctor–patient interaction is acting by one or both participants? Doctors seem to dislike the word acting as a descriptor for the part they play in a clinical consultation, preferring words like professionalism to account for their approach and behaviour with patients. Having no difficulty with the concept of patients being cast in a sick role, they demur from the notion of themselves acting, perhaps considering it a mark of insincerity, something phony. Previous suggestions that the ability to act confers on a doctor the gift, irrespective of their mood, to respond appropriately to a patient’s concerns, seem to have gone unheeded.2,3 Once an important part of a doctor’s interaction with patients, acting is a lost part of the art of medicine, worthy of reconsideration. Acting, in this context, is a willingness to release one’s personality, that is, to act out one’s personality—from within, and not a pretense or an affectation of deception. While primarily for patients’ benefit, this form of acting can also help clinicians enjoy and embrace the ordinary, turning routine into extraordinary.

The clinical consultation has been likened to a duet, the patient leading, setting the tune and tempo, to which the doctor responds. Jazz is produced when the doctor’s improvizations are effective; occasionally, the duet falls out of tune and sometimes there is noise.4,5 ‘Most people who fall ill have chosen to cast themselves in the role of patient’ according to Jonathan Miller.6 ‘Viewing their unfortunate situation, they see themselves as sick people and begin to act differently.’ Anatole Broyard’s brilliant analysis of his own terminal illness,7 concluded that ‘there is an etiquette to being sick’ and that ‘every seriously ill person needs to develop a style for his illness.’ As a means of coping, the adoption of a style gives the patient a voice for his or her illness to meet it on one’s own terms, not to surrender to it but to reduce it to a mere character in the narrative. Developing a style for illness also helps avoid falling out of love with oneself. ‘The sick person’s best medicine is desire—the desire to live …’ and this, for Broyard, is part of staying in love with oneself. Trying not to act sick for his doctor, lest the latter see only his illness and not his person, he conceded that ‘I juggle him. I toss him about. I throw him from hand to hand, and he hardly knows what to do with me.’ Was this acting by another name? His plea was for doctors to go beyond the science into the person and to encourage patients’ stories. He had high expectations of his own doctor, demanding not only talent but also a doctor with style.

Doctors, for their part, continually adapt and improvise their role to what is presented by their patients’ illnesses. When doctors were ineffective and limited to prescribing potions, purges and placebos for the suffering, the performative nature of their role was more in evidence. An inspection of the portraits of distinguished clinical gentlemen from bygone times, now hanging in gilt-laden halls, will leave no doubt as to the theatrical potential of the medical profession. Several literary accounts, many humorous, of celebrated doctors provide a familiar portrayal of what was once an important part of the doctor’s act.

Marcel Proust, whose father and brother were doctors, had the opportunity to observe the medical profession at close quarters. During a visit by Dr. Dieulafoy, not to cure the patient but more to confirm for the family what they already knew—that the patient was in extremis—‘one thought one was in a Molière play.’ Received in the drawing-room, ‘like the actor who is next to appear on the stage …’ the doctor entered the sick room with a dignified bearing, ‘tempered by a decorum suited to
distressing circumstances. In the sable majesty of his frock coat, … melancholy without affectation, uttering not one word of condolence that could have been construed as insincere, not being guilty of the slightest infringement of the rules of tact.’ The good doctor’s exit also had remarkable style and fluency of movement, including receipt of his fee, ‘the sealed envelope that was slipped into his hand … with such a conjurer’s dexterity had he made it vanish without sacrificing one iota of the gravity—which was if anything accentuated—of the eminent consultant in his long frock coat with its silk lapels, his noble features engraved with the most dignified commiseration.’

In Alan Bennett’s play The Madness of George III, the acting roles are humorously objectified with the ineffective doctors bumbling along like slapstick and the ill King seeming, at times, to be the only sane person on stage, but when the King is ill playing the sick role his regal performance suffers, and he only ‘seems to be himself’ when he recovers his health and re-assumes the role of what is expected of royalty: ‘I have always been myself, even when I was ill, only now I seem myself. That’s the important thing. I have remembered how to seem.’

Today, doctors have a meaningful therapeutic impact and the former emphasis on performance and paternalism has diminished. The more technical nature of consultations today perhaps accounts for greater use of alternative practitioners who represent a more traditional healing persona akin to clinicians of the past. Now, patients experience high-tech diagnostics, interventions, super-specialization, practice guidelines and evidence-based everything, but they seldom commend doctors for being scientific. Despite advances in medicine, there is greater public discontent about health than ever. Patients are often critical of doctors who deliver bad news in a blunt manner, whereas others, while requesting frank disclosure, actually prefer a language laced with euphemisms. Borrowing from TS Eliot, ‘humankind cannot bear too much reality.’ Another paradox is the uniform acceptance of the primacy of caring, but with minimal investment of time or resources in developing the skills of caring. ‘It’s hard, perhaps impossibly hard to be a good doctor’ with current expectations and paradoxes of modern society.

Doctors are often accused of responding to patients’ stories in a different language, technical and scientific, that has a distancing effect. In Margaret Edson’s Pulitzer prize winning play, Wt, the protagonist, a professor of English literature suffering from ovarian cancer under the care of a team of clinician-scientists, mocks the medics for the language they use. She dismisses the shallow nature of their consultations as ‘feigned solicitude’. Diminished dependency on the physical examination (touch) and constraints on time for sympathetic communication (empathy) have been accompanied by loss of familiarity with such skills. However, doctors still need to act like they have time to listen. Even in acute or emergency settings, acting in the form of the body language, bearing and attitude assumed by a commanding clinician, helps reassure the patient. For patients with trivial symptoms, doctors need to act with a show of appropriate concern; otherwise they undermine attempts to reassure. The global increase in chronic disease in fast-paced societies along with escalating expectations will put a strain on doctor–patient relationships that will require something more than lip service to the teaching of communication skills. Words are important; let us be explicit about acting. In the words of Arthur Frank: ‘… the physician becomes spokesperson for the disease, and the ill person’s stories come to depend heavily on repetition of what the physician has said.’ The doctor’s text might be seen as lines from a play to be memorized and repeated verbatim.

With a nod to the Bard, the following, somewhat half-hearted caution was issued by Erving Goffman: ‘All the world is not, of course, a stage, but the crucial ways in which it isn’t are not easy to specify.’ There is no elegant way to avoid the word acting, and it may be timely to destigmatize the essential role of acting in the clinical consultation. Acting, even acting out one’s own personality, needs practise, coaching and development. The doctor–patient interaction is not a normal social situation. Self-awareness is needed; a doctor needs to know how he/she looks and sounds. It has to be measured in response to an individual patient’s personal experience of illness. Contrary to the notion that doctors should remain detached and dispassionate, engagement and investment of one’s personality or acting from within can render enjoyable what might otherwise be routine or jaded. Increasing ‘burn-out’ among clinicians might be allayed if they would learn to embrace the ordinary; to borrow again from Broyard, ‘… a doctor’s job would be so much more interesting and satisfying if he simply let himself plunge into the patient …’

References