



The art of medicine

Things shameful to be spoken about

I'll tell you a secret: the day I graduated from medical school was the happiest day of my life. I was happy on my wedding day, but I threw up as soon as my husband and I arrived at our hotel after the reception—something I've never confided to anyone before. I was happy, too, of course, on the days I gave birth to my children, but that happiness was alloyed with pain and fear. The day I became a doctor I experienced no pain or fear or even gastrointestinal upset—those would come just a few weeks later when I started internship. That day I just felt joy. And furthermore, the joy was mine alone, me in my Boy George haircut shaved to the skull on one side, outsized disc earrings, and billowing two-piece chartreuse ensemble with enormous shoulder pads. I looked ridiculous, which I think I knew even then. I didn't care. I was a doctor. An MD. For one glorious day I didn't doubt myself. I knew exactly who I was. I had never felt and would never again feel less embarrassed.

My favourite moment of that most wonderful day was when the graduates, in black gowns adorned with three dark-green velvet stripes on each sleeve representing our new medical degrees, rose in unison to raise our right hands and take the Hippocratic Oath. A legendary physician then in his seventies and known as much for his humanity as for his clinical wisdom administered the oath. Everything about the ceremony appealed to me then and appeals to me now no less in memory. The solemnity of the ancient oath; the camaraderie of my classmates; and the revered doctor's kindly smile, his snow-white hair combed straight back from his forehead.

We recited the final lines that, in older translations, speak ominously to the possibility that new doctors might fail to honour the oath and suffer consequences: "Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I break it and forswear myself, may the opposite befall me." More recent translations are sunnier: "If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help."

I don't recall which version we recited, but I remember clearly that when we finished, before he motioned for us to sit down, the doctor who administered the oath appended a line of his own: "See in the face of every patient the face of someone you love."

By the time my husband and I retreated to our student apartment with our families to eat the miniature quiches and tarts filled with lemon curd I'd prepared myself, trying to follow my mother's example as both an accomplished professional and a perfect hostess, I was still glowing from the ceremony. My glow was undiminished by my pragmatic

maternal grandmother's sceptical assessment of the eminent physician's ad lib. "But really", she said, "how could you love all your patients?" Granny was as wise as the old doctor, in her own way, but she was wrong about this. I did come to love my patients, not because I saw in them the faces of those I love, but for themselves.

In the years since I recited it, I've thought of the Hippocratic Oath often and reread it now and then. My favourite line is the one about doctor-patient confidentiality, variously translated from the quasi-mystical prohibition against doctors revealing their patients' "holy secrets" to the bland and legalistic reminder to new physicians that they must respect patients' privacy. The translation I like best prohibits the repetition of "things shameful to be spoken about", which I find intriguingly ambiguous, as it leaves unclear to whom these things, if spoken about, would be shameful.

In fact, during the early years of my career, my patients' secrets caused me no small amount of shame, mainly because I could not reliably keep my mouth shut. It's not that I was a gossip or revealed confidences out of malice; it's just that things often came up in my interactions with patients that were so moving or funny or interesting I couldn't bear not to share them. I've always been a talker. My first-grade teacher wrote on my otherwise unblemished report card:



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Suzanne must learn to let the other children speak. I never did. To this day I'm a chronic interrupter and conversation hog. I'm aware of this tendency and I feel badly about it. In recent years, an added element compounds my shame: the fear that I may become one of those ponderous fogies so common in medicine, giving unsolicited advice and endlessly reminiscing about the golden era when giants walked the halls of the hospital. I had a dream just the other night that I was attending a meeting and began to answer a question posed by the person leading it. She held her hand up to me and said, firmly, "no, let's hear from someone who hasn't spoken yet", and the others around the table nodded in agreement—yes, we've heard enough from her.

It became evident to me even during medical school that my talkativeness, which had been, for the most part until then, an asset both socially and academically, could cause me trouble in my chosen profession. When I was an intern, a patient I admitted one night alluded to his erectile dysfunction in, I thought, an amusing way. The next morning, when my fellow interns arrived for the day shift, I couldn't wait to tell them about the conversation I'd had with this patient. I wasn't making fun of the patient. My telling of his story had more to do with me, with my need to show the other interns, men, that despite having worked all night, I'd kept my sense of humour. That, although I was a woman, I belonged, that I appreciated an off-colour joke as much as the men did. The patient, it turned out, didn't see it that way. That afternoon, when I entered his room to check on him, he rolled over in bed and turned his back on me. Somehow, he'd found out. "I told you something private", he said, glaring at me briefly before facing the wall again. "And you betrayed me." I backed out of the door and vowed never, ever to violate a patient's confidence again.

But it wasn't so easy. Once, a couple of years after I went into practice, my mother and I were having lunch outdoors

at a restaurant in Manhattan. We'd always had an affectionate relationship and yet, since early adolescence, I'd felt judged and criticised by my mother for typical mother-daughter stuff: my weight, my outspokenness, my untidiness—the very things for which I castigated myself. That day at lunch, though, we'd drunk a couple of glasses of wine and any tension between us melted away under the midday sun. I sat back in my chair, relaxed and expansive. I told my mother that my practice was growing, that I now had more than just hand-me-down patients from older, well established colleagues, that, in fact, I said, leaning forward across the starched white tablecloth, one of my new patients was an actual celebrity. I was about to say the person's name when my attorney-mother's lawyerly impulses kicked in. She reached out her hand and placed it on mine. "No, sweetheart", she whispered, "don't."

As the years went by, my urge to repeat interesting information, to tell a good story, never diminished—I just got better at resisting it. I've found it simpler to adopt a strict rule about never revealing anything I see and hear in the consulting room or at the hospital bedside than to decide on a case-by-case basis what to share. I never mention a father to a son, a husband to a wife. I am monk-like in my continence. A patient tells me she's concerned about the drinking habits of her sister (also my patient) and I say, "Uh-huh". My husband's co-worker comes in for an annual physical and asks me to convey his regards, but I don't convey them because my husband does not know, will never know, that I am this man's doctor.

Once, I was doing clinical rounds in the hospital and found myself inches away from a famous person, clothed in a pale blue hospital gown, leaning on the arm of a physical therapist, looking ill and frail but still wearing that star-like shimmer—the white teeth and the perfect haircut. I quickly put my head down, as if even making eye contact would be an intrusion. An email had gone out to all hospital staff alerting us to the fact that this person would be a patient in the hospital—a fact that had already been reported on the local and national news—and warning us that if we accessed their electronic chart for any reason other than direct patient care we risked being fired. Several times over the next days and weeks, I caught myself on the verge of telling my husband about my close non-encounter with fame. But I didn't. Whom would it harm for him to know that I'd seen this person in my hospital when the fact that they were being treated there was all over the news? Me. It would harm me. By revealing whom I'd seen I would forswear myself.

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Further reading

Hajar R. The physician's oath: historical perspectives, *Heart Views* 2017; 18: 154–59