

Vanity Fare

By Perri Klass, M.D.

This article on pride is one of seven parts of "The Seven Deadly Sins," published in the Harvard Medical Alumni Bulletin, Spring 2006 issue.

Tell physicians you're writing an essay about doctors and pride, and they immediately start to snicker. One doctor friend launched into his favorite joke: How many medical students does it take to change a lightbulb? One—to stand there and wait for the world to revolve around him. Several others offered anecdotes—the arrogance of a physician who doesn't bother to learn the names of non doctor colleagues, the rudeness of a doctor who never returns calls, the boorishness of a doctor who leaves his dirty dishes in the conference room.

I protested, a little weakly, that character is more complicated than that. Those doctors may simply be plagued with a weak memory, or poor social skills, or bad manners; it wasn't fair to interpret everything as just more evidence of the massive medical ego. But these were all doctors telling the stories, and, truth be told, they were more than a little self-satisfied in the telling—they were, each and every one of them, profoundly *proud* of having a keen eye for overly arrogant colleagues.

The issue of pride—and the perception of pride—permeates medical practice. You could call it doctors' besetting sin. It's part of almost every cliché about our behavior—and misbehavior. I can think of two jokes right this minute about doctors and our overweening pride—one is completely unprintable, while the other opens with a fellow making it up to heaven. While the recently deceased is standing at the Pearly Gates, St. Peter points out a bearded gentleman strolling by in a long white coat. "Look!" St. Peter says. "There goes God. Sometimes he just likes to play doctor."

During medical school, I started writing about my training. I could not, of course, make myself out to be the dramatic hero of my own story, for the very good reason that my ignorance of medicine generally made me the least useful person in any clinical situation. And yet somehow, over and over again, I found myself in a starring role in my narratives. I would tell stories about doctors—yes, more senior, more highly trained clinicians, people who actually knew what to do with a sick patient—who were still, somehow, insufficiently sensitive to pick up all the nuances and emotional intricacies that I, the medical student, could so clearly understand. Many of my best stories poked

Reprinted from the Spring 2006 issue of the Harvard Medical Alumni Bulletin with their permission and that of the author.

fun at more senior doctors who were a bit too arrogant, more than a little too full of themselves.

A resident on one clinical rotation taught our whole team the fine art of distracting an attending during rounds by leading him, with gentle flattery, into expounding on his own pet subject for the entire hour. All it took was a comment about what a wonderful opportunity it was for medical students to hear about this or that from such an eminent authority. And we all got to rest and relax—no tricky questions about the patients, no chance of discovering that we had not actually read up on the assigned subject from yesterday. Imagine my surprise now, as an attending, to realize my own vulnerability to the same tactic: Simply whisper that it would be an honor and a privilege to hear me ride my own hobbyhorse or talk about myself, and I will happily abandon other subjects and oblige. After all, what could possibly be more riveting for medical students? In fact, for everyone!

Here Comes the Pride

Pride doesn't always carry a negative connotation, of course; pride can mean a rightful and proper joy in your own prowess or accomplishment—or in that of someone you care about. Look at parents on graduation day and you'll see pride as a positive and rewarding force, or at least as a forgivable glow that burnishes certain occasions. As a resident in pediatrics, I took a real and reasonable pride in my hard-won ability to get a line into a dehydrated child. (Of course, when I call such skills hard-won, they were hardest won by the patients, the children on whom I practiced. In pediatrics, at least, pride of prowess is often accompanied by the guilt of knowing you have inflicted pain on a child.)

As residents, we told humorous stories about high-ticket, entitled families who turned up in the emergency room demanding to have a child's blood test drawn by the department chairman (who probably hadn't done much scut recently) or refusing to let a lowly intern stitch up a laceration. We knew we were the frontline people; we knew that in certain situations, we had made that important journey from initial fear and cluelessness to appropriately anxious skill. But of course, we also knew—as residents always know—that we were only residents, by definition beginners, unproven, not quite ready to be allowed out on our own.

One medical school classmate told me that, looking back, he suspects he was a much better doctor as a resident precisely because he was so anxious all the time, so deeply aware of the limitations of his own skill and knowledge. Once you start to believe in yourself, he says, especially once you start to believe

your patients when they tell you what a good doctor you are, then the pride hyperinflates and you lose touch with reality. He offered to direct me to studies that have shown that patients' estimates of their doctors' skills rarely correlate with outcomes. I did not, however, want to introduce anything that smacked even faintly of evidence-based medicine into a discussion of medical egos, a topic that seems better suited for a kind of folkloric, if not operatic, approach.

Bonfire of the Vanities

How does pride show up? Oh, let me count the ways! I remember my first beeper and how I wore it, ostentatiously, at parties, and gestured toward it, occasionally, in restaurants, to explain why I wasn't ordering wine. And when it went off, I assumed that everyone around me was deeply impressed by this evidence of my importance—no doubt someone somewhere is very sick, I imagined them all thinking; it's a good thing they could reach the doctor! Over the years, of course, my feelings changed; for one thing, many of my less savory adolescent patients carried beepers—at least back before cell phones—and for another, the chirp of the on-call beeper became just another dreaded interruption to family life.

As a primary care provider, I have taken tremendous pride in my long-term relationships with children and families. One delightful little girl became my signature patient. I had met her my first month at the health center, when she was a newborn. I took wonderful care of her as she was growing up, it seemed to me, and I regarded her as a living record of my time at the health center. Here she was, five years old—I had been in this job five years! I always asked for details about school; I boasted when she was placed in an advanced program; I bonded with her mother. I was part of her family, I felt, and everyone could recognize our connection whenever she came in for a checkup and ran to hug me.

Then, when the girl was eight, I discovered I had been pronouncing her name wrong the whole time. I asked her mother why she had never corrected me. She just shrugged, as if to say, who can correct a doctor? I guess the lesson I learned was that yes, a rightful and proper pride can come with knowing a patient and caring about the patient—but only if I actually take the time and trouble to pay attention to the patient, rather than to the drama of my own sensitivity.

And yes, of course, a rightful and proper pride can come with being the one who makes the difficult diagnosis, figures out the clinical puzzle. But many dangers come wrapped up in that pride—the danger of being thrilled with

your own acumen in making a diagnosis that is actually terrible news for the patient, the danger of losing sight of the patient altogether as you pursue the fascinoma, or, once again, the danger of beginning to think of yourself as the most important person in the story. I've done all those things, and I'm sure I'll do them all again.

But Enough About Me

As sins go, pride is the big one, the original of originals, the source of all the others. According to Thomas Aquinas, who knew one deadly sin from another, “inordinate self-love is the cause of every sin.” And why would that be? Because “the root of pride is found to consist in man not being, in some way, subject to God and His rule.”

Hmmm—do you begin to see why medicine is saturated with issues involving pride? Doctors are steeped to our very core in trying to prevent, circumvent, and mitigate all the slings and arrows of outrageous fortune; we are the ones who think we can improve and even extend life. And, of course, sometimes we can. It's the privilege of the profession: the chance to make life better, ease pain, prevent complications, and sometimes even outwit death. And yes, of course we need to mix our sense of achievement with appropriate humility because, after all, the house always wins in the end.

Somehow, though, being proud of your profession isn't really what people think of as sinful pride. Taking pride in something bigger than yourself—or in someone other than yourself—is not actually sinful; it's usually fine or good or even occasionally noble. It's perfectly reasonable to feel proud to see a patient live to enjoy another birthday or a graduation or a grandchild or a trip around the world.

The sin of pride, I suspect, lies in being so proud of yourself that you've left no room for anyone else—not colleagues, not even, in the end, patients. *It's* about losing track of all those other players in the glare of the spotlight that illuminates the single true star of the show and amplifies the din of thunderous applause. It's a profoundly insidious sin, since it's so easy to take pride in one's own humility, as I did when I was a medical student making fun of the arrogance of some attendings—or as I might be doing now, by pontificating at length, and in the first person, on the perils of placing oneself at the center of the story.

Perri Klass '86 will join New York University in September as a professor in journalism and pediatrics. The author of numerous books of fiction and nonfiction, she also serves as medical director of a literacy program for children, Reach Out and Read, which medical students cleverly use to distract her while on rounds.