



## The art of medicine

### Why medicine needs literary magazines

Running a literary magazine was not in my academic game plan. I attended medical school with the plan to be a bench scientist. I chose the joint MD–PhD programme not just because it paid for my tuition—though this was certainly a selling point—but the goal was to run a basic-science research laboratory, with one morning per week in a neurology clinic.

The best-laid plans of mice and men, said poet Robert Burns, often go awry, and my career path turned out entirely different than I had planned. (Ditto for the mice, who were decapitated by the dozens on behalf of my PhD, as I dutifully retrieved their brains to examine the signal transduction of their opioid receptors.) When I completed my doctoral studies—a heady scientific excursion, despite the sorrow of murine sacrifice—I entered into an internship in the department of internal medicine, as was required before a residency in neurology.

I began my medicine internship at Bellevue Hospital, the oldest public hospital in the USA, and it plunged me, like a teabag, into the roiling waters of diseases, one after another, each more fascinating, terrifying, and awe-inspiring than the next. What I had not counted on, though, was that internship would also plunge me into roiling human stories, one after another, each more captivating, harrowing, and astonishing than the next.

It was a shock to the system. Had I somehow missed the memo of what medicine was all about? Had my professors neglected to inform me that the Krebs' cycle, the cranial nerves, and all those facts I'd frantically memorised were actually housed within human beings, each with their own intricate story? I was mortally unprepared.

But I became hooked. The patients and their stories were endlessly fascinating and boundlessly varied. You could hurl fistfuls of pneumococci across the neighbourhoods of New York City, and no two pneumonias would come out alike. I began to recognise what wiser clinicians had always

intuited—if you wanted any hope of helping a patient navigate their illness, you needed to understand their story. And although I retained my affection for the intricacies of laboratory work and the intrigues of neurology, I found myself drawn to primary care medicine, where stories could last years, decades, even lifetimes.

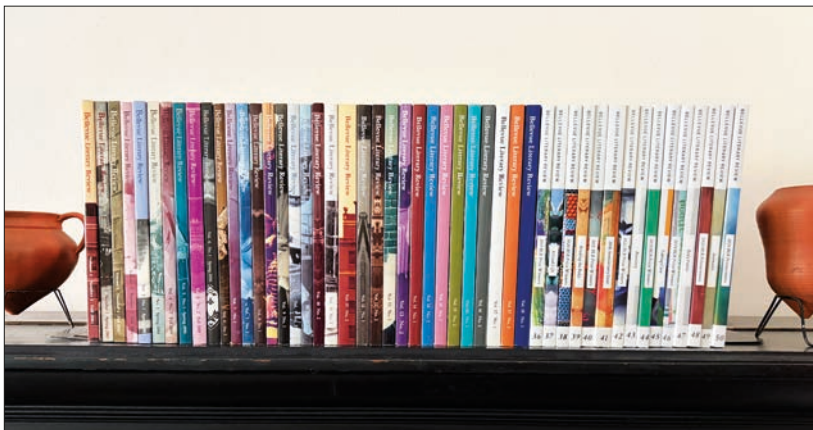
As a newly minted attending physician in Bellevue's primary care clinic, I had to grade the "H&Ps"—the history and physicals—that medical students dutifully penned. These documents were formal, informative, thorough, and thoroughly deadly to read. "Please", I begged of my students, "just tell me a story!" For at least one of your patients, I implored them, ask them what it's like to have diabetes, or what it was like when their doctor told them of cancer.

The students, perplexed at first, began handing in remarkable stories. These were lively, interesting to read, and—perhaps unexpectedly—clinically useful. One of these stories, for example, revealed that a patient assumed that her osteoporosis and her osteoarthritis were one and the same. Another essay uncovered the reason for a patient's "non-adherence" with his diabetes treatment—everyone in his family associated needles with illicit drug use, so he spent all his energy hiding his insulin use. The patients, in turn, loved sharing their detailed stories. One patient told a student that he was the best doctor she had ever had. The student, who'd never been called "doctor" before, was close to tears.

Over the next 2 years, I began accumulating a stack of patient stories. At around the same time, our institution acquired a new Chair of Medicine, Martin Blaser, who asked his students to write a 1000-word essay on anything—pathophysiology, economics, ethics—as long as it was inspired by a patient. An astute colleague suggested that we meet. We lugged our respective stacks of essays, wondering what we could do with such a bounty. We decided that we should create a literary magazine, and although we were academically titled through our medical school (New York University), we would name the journal *Bellevue Literary Review* (BLR), to honour the public hospital that has been home to almost three centuries of patient stories.

Our two-line call for submissions asked for poetry, fiction, and non-fiction about health, illness, and healing. The department office was not prepared for the more than 1000 manuscripts that came pouring in. It turned out that patients, caregivers, doctors, nurses, writers, poets, and the general public had lots to say on these topics, and they were drawn to using creative formats.

We recruited a nephrologist who'd also been encouraging his students to write, plus two poets and a fiction writer to form the initial editorial board, and began reading through the submissions. Our heads were spinning from the sheer



number of decisions to be made—from paper weights and fonts to fiction styles and poetry formats—as we prepared for the inaugural issue of *BLR* to be published in September of 2001, with the debut public reading and celebration scheduled for a Sunday evening in early October.

And then two planes smashed themselves into the World Trade Center in New York, USA, and everything—our hospital, our country, the world—ground to a halt. The plumes of smoke were visible from the hospital windows, and we immediately discharged patients by the score, preparing for the casualties that, sadly, never came.

The mood was raw with anguish. The entire block of Bellevue and all along the entranceway was papered with posters of the “missing”—usually with smiling wedding and graduation photographs. It was hard to enter the main doors without weeping.

The fate of a miniscule literary publication seemed beyond inconsequential in the ocean of grief that had enveloped our city, but our inaugural reading was on the calendar. We’d booked the rotunda of the hospital, engaged two renowned poets to read, ordered wine and cheese, sent out invitations. We agonised over whether to cancel.

There seemed to be no “right” choice, and so, with ambivalent hearts, we decided to let it stand. Then we awoke on that Sunday morning to the news that the USA had invaded Afghanistan. The nation—already shaken to the core—was now at war.

We editors gathered at the hospital rotunda that evening, sure that no one would show up for the reading. We’d reserved 80 chairs, a number that seemed laughable if it weren’t so sad. And then the strangest thing happened: people showed up. First a few trickles, then steady handfuls, until more than 100 people filled the rotunda. It was standing-room only.

As David Lehman and Rafael Campo read their *BLR* poems to a rapt audience, I looked around the room in awe. Despite a communal thermostat set to grim, all of these people had shown up. To a hospital. To hear poetry and creative writing.

It was a staggering recognition, although perhaps it should not have come as a surprise. People have always turned to the arts in moments of vulnerability. We were surely in a moment of shared vulnerability. And illness surely is its own moment of vulnerability, kindled afresh for every single person forced to confront the mutiny of body or mind. So maybe it made perfect sense to have a literary journal devoted to illness and healing. Maybe it wasn’t so crazy to base it in a hospital.

Over the years, *BLR* persevered, growing steadily in reach and repute. During the upheaval of the COVID-19 pandemic we had to leave our academic home, but re-formed as an independent non-profit organisation. This year is *BLR*’s 25th anniversary. None of us present at its inception could have imagined that we would still be here, a quarter of a century later. *BLR* now receives over 5000 submissions per year, a testament to the fact that writing about illness never

goes out of style. Every patient experiences it anew. For every family and every caregiver, it is unprecedented. For every medical student and every newly graduated nurse, the experiences are singular. As I learned during my first forays onto the medical ward, the stories are endless—and endlessly compelling.

And maybe a literary journal is not so much pages bound onto a spine, but rather a community of people—writers, readers, listeners, thinkers—who find solace in the comforts and confrontations of the written word. As *BLR* developed writing workshops (Writing Illness onto the Page), an Art in Medicine programme for clinical trainees, live storytelling programmes, and film shorts of dancers interpreting *BLR* poetry, an enduring community coalesced, one that still manages to astound.

At a reading this year to launch *BLR*’s 50th issue—online instead of in a hospital rotunda—it was still “standing-room only”. More than 100 people logged on to hear authors read aloud their poems or excerpts from their prose. All manner of stories came through, one after another—a mother must tell her young son of her brain cancer, a teenager watches his mother suffer on dialysis, a woman learns that her enslaved ancestor was made to “breed”, a pudgy tween faces his first shower at summer camp with the casually naked older teens, a poet considers everyone who’d ever carried her—from her parents all the way to the not-yet-born offspring who will be her pallbearers. There were tears and there was laughter. One writer commented on the “stubborn joy” that radiated continually, despite the emotional and often wrenching content.

The next morning, I was back in clinic, and another slate of stories unfolded in my office, one after another. There were tears and there was laughter. And I realised that stubborn joy is an equally apt description for the practice of medicine. It made perfect sense that a literary journal would arise from a medical setting, and that a niche theme could feel universal.

As we face a clinical landscape ever more automated by algorithms and artificial intelligence, it is even more imperative that we in medicine train ourselves to understand the metaphors that patients harness as they attempt to convey their inner experience to us; otherwise we will fall short on the diagnosis. We need to hone our skills to capture the story that the patient is living; otherwise our treatments may never fully succeed. I can’t say that a literary magazine is the perfect prescription for every ailment, but it covers a lot of ground. And it almost never causes dry mouth or palpitations. Except, of course, when it’s a page-turner.

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