

## The Art of Losing—Three Poems for the COVID-19 Pandemic

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**I**n the chaos of the past year we've found ourselves—one of us a physician and poet, the other a professor of literature and filmmaker—drawn to the alchemy of language as a way to make sense of what's happening in our medical centers, our communities, and the world. Here we present 3 poems we recommend for their wisdom and the hope they inspire as we witness the loss, suffering, and resilience brought about by the coronavirus disease 2019 (COVID-19) pandemic.

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Multimedia

### "One Art," by Elizabeth Bishop

The art of losing isn't hard to master;  
so many things seem filled with the intent  
to be lost that their loss is no disaster.

Lose something every day. Accept the fluster  
of lost door keys, the hour badly spent.  
The art of losing isn't hard to master.

Then practice losing farther, losing faster:  
places, and names, and where it was you meant  
to travel. None of these will bring disaster.

I lost my mother's watch. And look! my last, or  
next-to-last, of three loved houses went.  
The art of losing isn't hard to master.

I lost two cities, lovely ones. And, vaster,  
some realms I owned, two rivers, a continent.  
I miss them, but it wasn't a disaster.

—Even losing you (the joking voice, a gesture  
I love) I shan't have lied. It's evident  
the art of losing's not too hard to master  
though it may look like (*Write it!*) like disaster.

"The art of losing isn't hard to master" begins perhaps the most famous poem by esteemed American poet Elizabeth Bishop: "so many things seem filled with the intent to be lost that their loss is no disaster" (**Video 1**).

The poem goes on to matter-of-factly index losses: keys, time, names, and much more. With loss all around in this first year of COVID-19—our patients, our colleagues, our loved ones, our bearings—"One Art" seems apt for our time. Written in the 1970s, the poem recalls a lifetime of losses the poet suffered and her struggles with alcoholism. The poem builds out similar lines with slight variation, a gesture toward containment, as though the losses it catalogs might thus be structured, placed under some

control. It is written in iambs, a steady rhythmic heartbeat that can be comforting. If we must lose something or everything dear to us, the form implies, we can let go with equanimity and some grace, not unlike an algorithm that organizes a treatment plan as a patient deteriorates. Loss, for certain, but not all is lost.

The end-rhymes repeatedly chant "master/disaster, master/disaster," creating a baseline of reassurance and the dialectic of a psyche finding its way through loss. But the aspiration to mastery leaves room for a lot of anxiety. Many readers hear a kind of hysteria in the poem, with its rhythm revving up as it ruminates on vulnerability in the face of mortal threat, an expression of obsessive thinking similar to what many have been experiencing as we worry about PPE supplies, school reopenings, vaccine safety, and whether we might be exposed to the novel coronavirus.

How we can respond to loss is reflected in the poem's last line

...It's evident  
the art of losing's not too hard to master  
though it may look like (*Write it!*) like disaster

in which the speaker forces herself and exhorts others to "*Write it!*", to summon language, when she well knows no words will suffice. This paradox of needing the writing and knowing it is always insufficient is itself an ironic loss, made all the more poignant as we read Bishop, a poet of singular eloquence, wrenching herself out of this paradox. Like an order barked out during a futile code, "*Write it!*" reminds us in medicine of not just our brave attempts to sustain life in the face of COVID-19's grave physiologic injury, but also what we might still have to offer even after our best efforts fall short.



Elizabeth Bishop. Courtesy of Special Collections, Vassar College Library. Used with permission.

**"Hospital in Oregon," by Marilyn Chin**

Hong Kong-born poet Marilyn Chin, in "Hospital in Oregon," provides a different view of loss:

Shhh, my grandmother is sleeping,  
They doped her up with morphine for her last hours.  
Her eyes are black and vacant like a deer's.  
She says she hears my grandfather calling.

A deerfly enters through a tear in the screen,  
*Must've escaped from those there sickly Douglas firs.*  
Flits from ankle to elbow, then lands on her ear.  
Together, they listen to the ancient valley.

"Shhh," it begins urgently, hushing us for a moment, as if silencing the barrage of alarms and clicks and beeps of inpatient health care settings. Then the speaker's grandmother, seemingly unreachable near death, is visited in a random second by a fly in prelude to her departure. Merest of organisms beneath our sophisticated systems of care, the fly comes in closer and becomes more intimate than the dying patient's absent health care team, or even the granddaughter-poet.

Its breach of distance between clinical reality and patient experience reminds us of several things: first, that care can happen simply by being with patients even when, as in the case of COVID-19, cure eludes us. Its implied buzzing evokes the sounds of other languages, times, histories, and cultures that clinicians must strain to hear if they notice them at all. Finally, the fly's transgression into the antiseptic space of the hospital room is a reminder of the realities of nature and death, the conflict between the hygienic orderly world of health care spaces, enforced now by unending handwashing and rigid PPE protocols, and the messiness of grieving families and of near-death. Physicians especially struggle to overcome barriers to communication caused not just by cultural difference, but by the technologies and technological thinking we deploy. The poem animates what many health care workers may feel these days imposing strict isolation on coronavirus patients as ultimately they suffer and die alone, and all that these patients may see and hear in their minds beyond the sterility, in contrast with the clamor of the hospital.

**"What the Last Evening Will Be Like," by Edward Hirsch**

New York City-based Edward Hirsch engages with the quiet yet transcendent ordinariness of loss:

You're sitting at a small bay window  
in an empty café by the sea.  
It's nightfall, and the owner is locking up,  
though you're still hunched over the radiator,  
which is slowly losing warmth.

Now you're walking down to the shore  
to watch the last blues fading on the waves.  
You've lived in small houses, tight spaces—  
the walls around you kept closing in—  
but the sea and the sky were also yours.

No one else is around to drink with you  
from the watery fog, shadowy depths.  
You're alone with the whirling cosmos.  
Goodbye, love, far away, in a warm place.  
Night is endless here, silence infinite.

Ritual provides comfort here in the metaphor of the owner closing up the café. It is after last call in a place of warmth, a final stop in the title's "last evening." The café in its quotidian smallness may suggest the modesty of quarantine of our own days, unremarkable, maybe even sometimes too tight, with walls that press in. But the details of why the speaker or visitor—they may be the same—is in this café are, we infer, less important than the process of coming to closure itself. The small radiator, which seen through a physician's eyes somehow eerily evokes a ventilator, is losing its powers of revival.

The poem breaks across a stanza into a new metaphor. Ebbing heat becomes ebbing color and light, and the speaker-visitor is at the seaside at dusk, glimpsing the extraordinary dissipating "last blues" (colors? sounds? moods?) of evening, transported via metaphor from smallness to largeness, "alone with the whirling cosmos." The understatedly devastating last line—"Night is endless here, silence infinite"—is at once a reference to unremarkable death and an affirmation of its humbling finality. The juxtaposition of the loving, warm goodbye in the penultimate line and the inevitable last evening is moving, and what is so ultimately sustaining—for health care workers exhausted by long ER or ICU shifts, tired of keeping colleagues, friends, and loved ones distant, or drained by the misery of seeing patients deteriorate, some prone and alone in ICU beds, or perhaps imagining their own "last evenings"—is the truth that we all must stare into the void in solitude. And how in doing so, we are all joined together, at once bound and free in the terrible splendor of the human condition (Video 2).

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