

QUESTIONNAIRE : *The Illness Narratives & The Dermatologist*

1. *Please describe the difference between illness and disease.*
2. *Do you believe the body is an objective entity -- separate from thought and emotion? If so, why? If not, please explain.*
3. *The patient-physician interaction is sometimes analogized to an interrogation; more specifically, that what is of importance is what the patient says, not thinks. Do you agree? If so, what are some of the benefits to this form of communication, the disadvantages, if any?*
4. *How would you respond to this statement: "Perhaps North American culture's ideology of personal freedom and the pursuit of happiness has come to mean for many guaranteed freedom from the suffering of pain."*
5. *What are some techniques, lessons and pieces of advice you have found to be most beneficial from medical school?*
6. *Please provide any criticism concerning your medical education experience or ways in which to improve medical education in the United States.*

The Illness Narratives & The Dermatologist

In *The Illness Narratives*, Kleinman depicts various ways in which methodologies of western medicine revolve around reductionism. In addition, Kleinman targets the differences between illness and disease through portraying biomedicine as a discipline that perceives the body as a machine, and doctors — the machine's mechanic. Examining allopathic medicine is imperative for understanding American healthcare. In order to better analyze themes and paradigms offered by Kleinman, I decided to interview a doctor specialist. Through conducting an interview centered around paradigms discussed in *The Illness Narratives*, I obtained a greater understanding of medical training, especially in regards to illness, disease and the doctor-patient relationship. I interviewed Dr. _____, a dermatologist. I discovered that although Kleinman portrays valuable criticisms concerning biomedicine, doctors and alternative healers, alike, endure the challenges of what seems to be an all-consuming profession replete with as many questions as there are answers.

Kleinman states that illness is, "an innate human experience of symptoms and suffering." He distinguishes this from disease which he refers to as, "what the practitioner creates in the recasting of illness in terms of theories of disorder" (Kleinman 1989, 4-5). Dr. _____ explained that to her illness was the physical manifestation of a disease and that there are cases in which people can have a disease and not necessarily be ill. The patient could be void of symptoms or not exert actual physical signs of disease. The direct correlation between Kleinman and Dr. _____'s idea of illness pertaining to symptoms expressed by the patient reinforced the idea of medical school being uniform and structured. Their descriptions were nearly identical. Further into the interview, Dr. _____ also addressed reductionism in biomedicine, how "symptoms are clues to disease" (Kleinman 1989, 5). When I asked Dr. _____ if she thought the diagnosis process could be analogized to an interrogation she laughed quite heartily and agreed. She even continued using the phrase, "interrogate the patient" rather than "ask the patient" throughout the rest of the interview which we both found equally amusing. Kleinman makes a compelling

argument that most importantly a doctor will take note of, "what the patient says, not thinks" (Kleinman 1989, 16-17). Dr. _____ explained that you immediately start by asking the patient's assessment of what is wrong in their own terms, which she referred to as "the chief complaint." Dr. _____ went on to explain how the chief complaint serves as the "jumping off point for the interrogation," because a series of questions follow in an attempt to narrow down the possibilities. By now, Dr. _____ was officially curious about Kleinman's book. Moreover, she expressed that this interrogation analogy was something doctors should think of more often so the patient does not feel as though they are experiencing an adversarial situation.

When I was reading, *The Illness Narratives* I started to remember why western medicine and medicine in general continues to be a controversial topic. And as technologies advance thus changing society and culture, individuals have become increasingly more concerned with healthcare. After speaking with Dr. _____ I realized that the current system for medical diagnosis and treatment is cautiously and carefully modeled to meet the demands of prevalent patients. Even though the execution of biomedical procedures may sometimes cause a patient to feel as though the person is secondary to protocol of treatment, I have come to understand that modern medicine, quite possibly, may mimic a culture where scientific proof and advancement in new technologies are prized. Therefore a system in which you can pin-point precisely what is going on with the patient, why it is occurring, and how to alleviate the stress or suffering of said patient, — all the while proving your diagnosis and treatment in a clear, measurable, manner — would seem to be the only appropriate solution. Even though holistic health is becoming more and more popular, biomedicine is only expanding its influence and reach. I believe that if doctors and naturopaths alike were more aware of the effect culture has on the perception of illness and disease, medicine and healing people in general could vastly improve. Not to mention, trust within the patient-doctor relationship would vastly improve as well.

The ways in which medicine is shaped by culture is thought-provoking. Kleinman presents that "perhaps North American culture's ideology of personal freedom and the pursuit of happiness has come to mean for many guaranteed freedom from the suffering of pain" (Kleinman 1989, 23). When I asked Dr. _____ to respond to this statement she found this idea to be very

absorbing, because she understood this phenomenon to be a generational issue. In her experience people born in the twenties and thirties are much more tolerant of pain and inconveniences associated with their illness or disease, where as younger patients are intolerable of the minutest discomfort. She provided an example through one of her patient interactions. The patient was prescribed a rash cream. Dr. _____ informed the patient that it would take several days to take affect. The patient called fifteen minutes after applying the cream to complain that it did not work. Dr. _____ professed that American culture seems to be headed in that direction, in terms of expecting to be free from the suffering of pain.

When I asked Dr. _____ her thoughts on how she viewed the human body, I was contented to hear that she did not view the body as "an objective entity -- separate from thought and emotion" (Kleinman 1989, 11). In her profession, numerous patients have complications with their skin specifically because of emotional or mental stress. For example, hives can flare up solely by stress. This proved to be a particularly engrossing question for a dermatologist because they encounter substantial, visible, proof of the ways in which emotions affect other parts of the body.

Towards the end of the interview, Dr. _____ cited her thoughts regarding helpful techniques and lessons learned from medical school, as well as her criticisms of medical educational experiences. She brought up "a trap" that many students fall into early on when they have acquired an immense amount of medical knowledge. Many students will get a "preconceived notion" of what they think the issue is when the patient begins to explain their concerns. She mentioned that from there, the medical student will guide their questioning in accordance to what they believe the problem is. She expressed that many students will miss a diagnosis because of this failure to be objective. Furthermore, she revealed that it is essential, "not to use the prejudice of the patient population you've seen to diagnose every person that comes in...you have to try to be very objective." She went on to explain that if a doctor does not make assumptions right from the beginning, a more well-rounded and thorough evaluation of the patient and their ailment can be achieved.

I found a particular critique of medical education indicated by Dr. _____ compelling. Some medical instructors use humiliation and intimidation to teach students. She admitted that this method seemed, for the most part, to successfully draw students to learn and remember the material but that it was not a very humane tactic.

Medicine is an involved subject. Kleinman furnishes the countless facets of biomedicine, such as how western medicine views the human body, and ways in which medical professionals approach treatment. I found Dr. _____'s experiences throughout her medical career congruent with the system Kleinman describes. Furthermore, I recognized that not all doctors have as narrow of a scope on the human body as I initially thought. I am more informed on the reasons why western medical models and techniques have been in some ways necessary for today's society. Learning on the widely challenging subject matter of medicine will always find a way to my long-standing pursuits.

BIBLIOGRAPHY

Kleinman, M.D., Arthur. *The Illness Narratives Suffering, Healing & The Human Condition*, Basic Books, Inc., 1988. Print.